

UPDATED PROTOCOL: OUTPATIENT FOLLOW-UP CHART NOTE TEMPLATE

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BACKGROUND

Much has been done to standardize the documentation and language used in the nutrition care process, as outlined in the 2017 Scope of Practice for Nutrition and Dietetics¹. Resources such as the ADIME framework and the eNCPT provide guidance for documenting nutrition assessments and follow-up visits, yet chart note formatting varies widely across services, practice areas, and settings.

In the outpatient private practice setting, dietitians have the option to accept public and/or private insurance and the decision to do so can have great impact on the accessibility of nutrition services². For dietitians in the private practice setting who rely on insurance reimbursement for payment, the subjective nature of charting can also become a liability as insurance auditing and claim denial is an inherent business risk³.

At the same time, insurance companies provide minimal guidance on the information expected in a follow-up chart note for dietary counseling. Recently, a private practice dietitian was audited and shared valuable feedback from the insurance company regarding expectations for follow-up chart notes⁴.

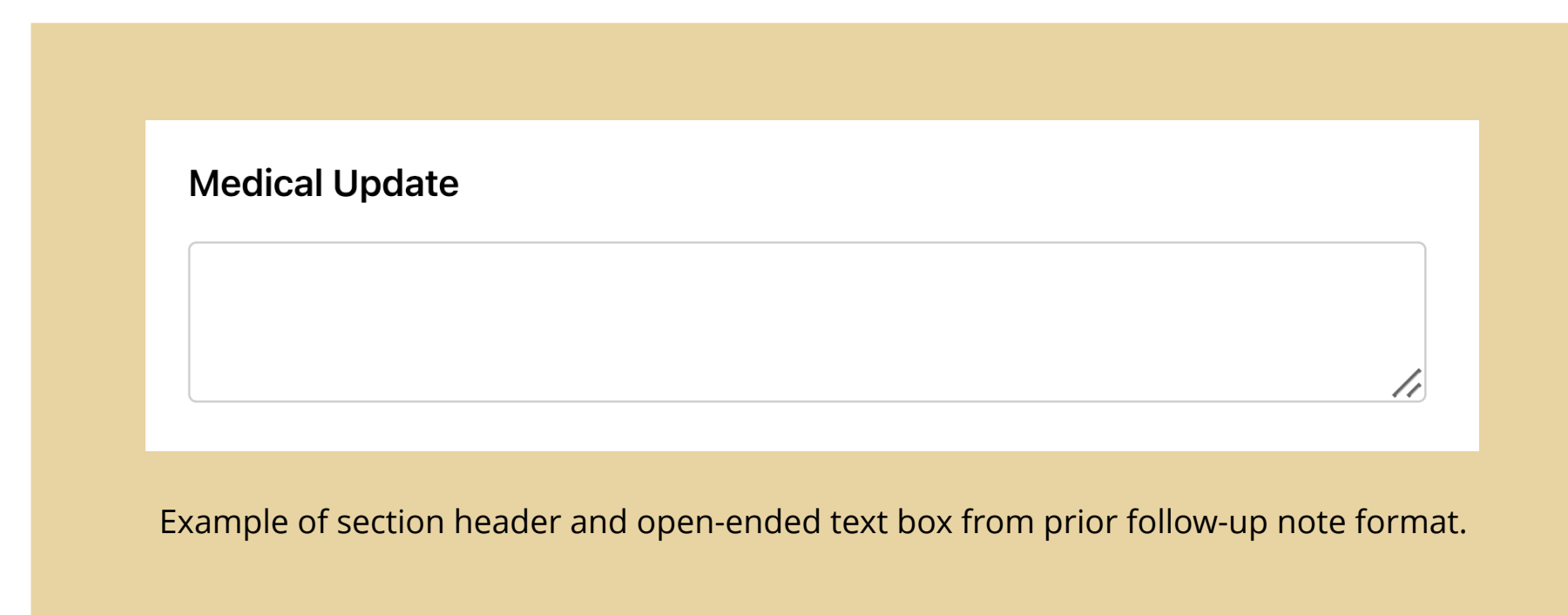
OBJECTIVES

- ✓ Update the current follow-up chart note template to reflect expectations of insurance companies in the case of an insurance audit
- ✓ Capture aspects of the nutrition care process in a more detailed format
- ✓ Streamline the follow-up charting process for increased consistency

PRIOR FORMAT

The prior follow-up chart note template provided flexibility through open-ended text boxes but lacked critical details of the nutrition care process.

- > All sections/questions were open-ended
- > Resulted in inconsistency across chart notes
- > Carried risk of claim denial in case of insurance audit



UPDATED FORMAT

The updated follow-up chart note template was developed to maintain flexibility while concisely capturing additional details that better meet insurance expectations.

- > Captures more detailed information, including an extensive medical and mental health review, medications, labs and vitals, nutrition intake, and a more thorough treatment plan
- > Better aligns with expectations from insurance
- > Utilizes a variety of question formats
- > Maintains customizability to reflect individualized care
- > Reflects client-centered language

EVALUATION & NEXT STEPS

An evaluation will be conducted 3-6 months post-implementation to assess achievement of objectives and facilitate any additional changes. Smaller changes to question inclusion and wording will be tweaked as-needed using Simple Practice's template editing software. The 3-6-month evaluation will assess the following:

Effectiveness and usability

- > Are all sections and questions relevant and useful?
- > Do the response options align with current client needs?
- > Is the language reflective of client experiences?
- > Does the template allow for ease of carrying information forward while maintaining readability week-over-week?

Alignment with expectations of private insurance

- > Does the template reflect known expectations of the private insurance companies currently being accepted at the practice?
- > Are there additional learnings about insurance company expectations that should be incorporated?
- > Are the most critical sections and questions from an insurance standpoint being filled out for each client week-over-week?

Learnings from other outpatient practices

- > Does the chart note template align with other outpatient private practices, or can additional feedback be provided from relevant consult groups?

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