

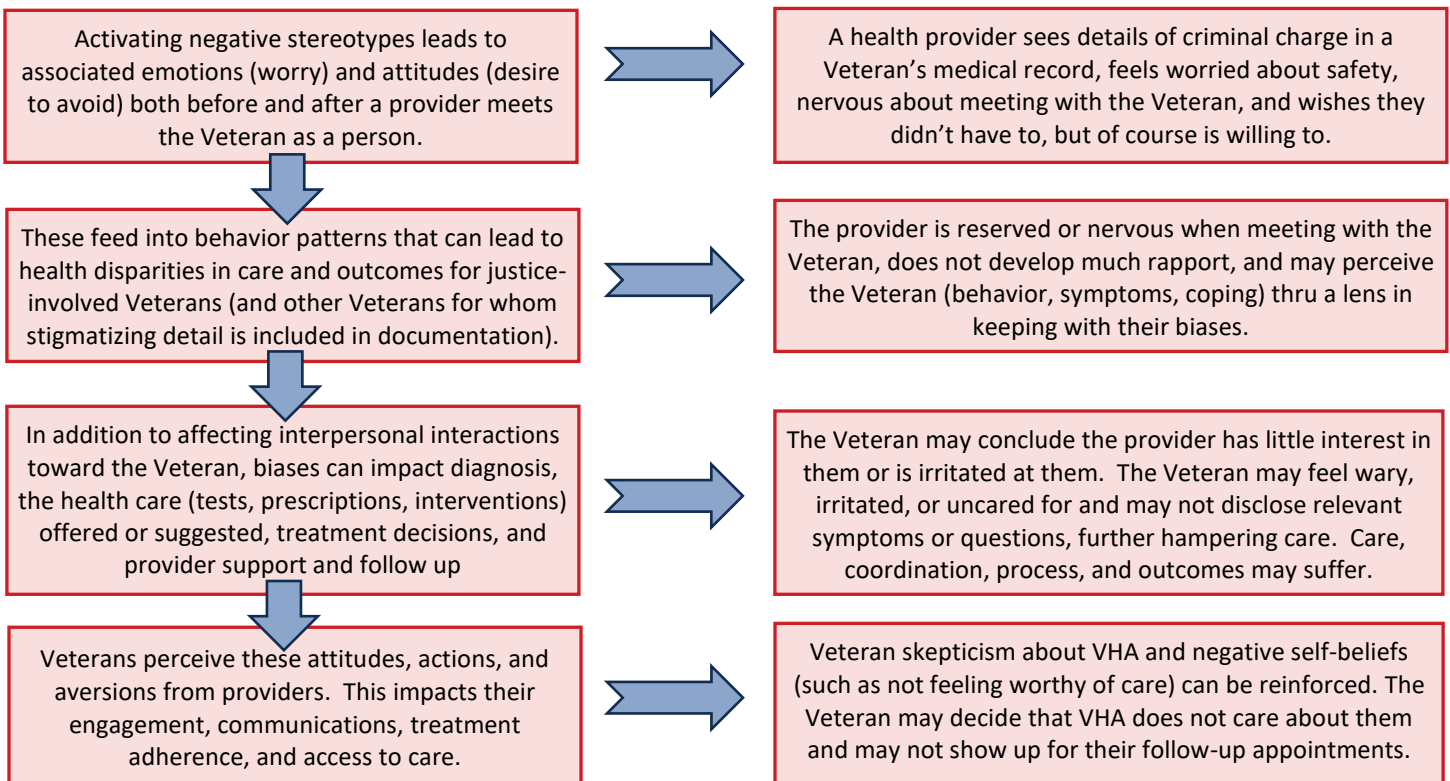
Clinic Notes: Helpful and Hurtful

For Veterans enrolled in VHA, information documented in their “chart” (CPRS, Cerner) is integral to the care they receive. For justice-involved Veterans and others in stigmatized groups this can be complicated by prejudice.

1. Documentation Awareness

- Medical documentation is necessary for VHA (or any health care system) to provide good care; what is documented must always balance the need to share information with Veteran privacy. Remember that in VHA *all* providers have access to the Veteran’s medical record.
- For justice-involved Veterans (who often have other stigmatized life situations, identities, or conditions), the wording and specificity of information about their legal involvement in clinical documentation runs a high risk of activating conscious or unconscious negative biases in people reading that documentation. Once activated, these affect providers’ beliefs, feelings, and behavior towards the Veteran. This can lead to sub-par care.
- Therefore it is important to include only clinically relevant information, no more detail than needed, and to word documentation to minimize setting off stereotypes. Overdocumenting incurs steep costs.

2. Unintentional Consequences of Overdocumentation



3. Real Life Examples

A Veteran gave details about his criminal history to a primary care provider in confidence during treatment, which the provider then included in his CPRS problem list without the Veteran knowing. The Veteran is then puzzled and wary when another provider asks probing questions about these details; the Veteran does not return to care.



A Veterans Justice Programs (VJP) Specialist tried to educate medical personnel that including charges in CPRS (e.g., “Veteran was arrested for XX,”) is unwise especially since it’s not a conviction. They are ignored. “And then you see it in all the charting that comes after that, but that person’s never been convicted of that” and was acquitted.

A VJP Specialist asked about a new behavioral flag that in a Veteran’s chart and found out it was added based on a local news story -- with no corroboration of facts or if it was even the same person (vs a similar name).

A Specialist described working with a housing program that openly excludes all Veterans with any criminal charges (even if dropped or acquitted) no matter how old. When the asked, the Housing Program worker said it is policy because of “risk” and because such Veterans will be “more work,” due to court dates or probation

A VJP specialist tried to advocate for a Veteran who was denied a housing program due to past criminal conviction the program read about in detail in their chart. The housing program told them to, “pick [their] battles because it [complaining] could jeopardize future referrals.”

4. How Providers Can Avoid Overdocumentation

4A. Be conscious, cautious, and conservative in what and how we document Veteran justice-involvement, life situations, health conditions, and social identities that are commonly stigmatized.

“VA’s Office of General Counsel has offered the opinion that a Veteran’s legal history and charges should not be documented in detail in the medical record unless they have direct bearing on clinical treatment.”

-- VHA Directive 1162.06

4B. Make careful choices in wording and detail of CPRS notes (or other documentation) as these greatly impact the associations activated in readers. For example:

- Is it necessary to describe a specific crime? Or is “chronic health condition exacerbated by a history of incarceration,” enough to inform the Veteran’s care?
- Use first person language: avoid terms like “a felon,” “a convicted criminal” “an addict”
- Use wording that activates fewer prejudicial associations: “Legal issues” rather than “criminal charges” or “completed the Veteran court plan” rather than “avoided prison”
- Remember that charges don’t equal conviction, initial charges are often more severe than final ones, and the charges’ language doesn’t give a clear picture of underlying behavior or clinically relevant information.
- Discuss details by phone or in person instead of in the chart; CPRS is not a communication tool.

4C. Consult with your local VJP Specialist(s) who may have more context, expertise, and more familiarity with the intersection of a given Veteran’s clinical and legal history.

Both legitimate concerns and prejudice can make deciding what is necessary to document a contentious issue.

5. Additional Resources

Redmond et al. (2020). Perceived Discrimination Based on Criminal Record in Healthcare Settings and Self-Reported Health Status among Formerly Incarcerated Individuals, *Journal of Urban Health*, Vol 97, 105–111.

Full text here: <https://link.springer.com/content/pdf/10.1007/s11524-019-00382-0.pdf>

Feingold, ZR (2020). The Stigma of Incarceration Experience: A Systematic Review, *Psychology, Public Policy, & Law*, 27(4):550 –569.

Full text here: https://psycnet.apa.org/fulltext/2021-90442-001.pdf?auth_token=411c2a1436214d1ac05c94eec442dd9894b50068

Sun et al. (2022). Negative Patient Descriptors: Documenting Racial Bias in the Electronic Health Record, *Health Affairs*, 41(2):203-

211. Full text here: <https://www.healthaffairs.org/doi/epdf/10.1377/hlthaff.2021.01423>