

APA Official Actions

Position Statement on Reducing the Burden of Treatment Plan Documentation

Approved by the Board of Trustees, December 2020

Approved by the Assembly, November 2020

“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

Issue:

The requirement of formalized “treatment plan” documentation in psychiatric care settings arose in the 1970s for several reasons, including the issue of persons with mental illness being warehoused in state mental health institutions without documented evidence of adequate treatment, as well as the expansion of Medicaid funding to community behavioral health services. Since then, there has been no formal review of this process by stakeholders. Treatment plan documentation requirements are built into the Centers for Medicare and Medicaid Services and Joint Commission regulations for inpatient and outpatient behavioral health services. Documented evidence that “treatment plans” improve patient care does not exist, whereas evidence that “treatment plans” place unnecessary administrative burden on psychiatrists and other members of the care team does exist. This documentation burden may negatively impact access to quality psychiatric care, including detracting from direct care and contributing to physician burnout.

APA Position:

- 1. Administrative tasks that are determined to adversely affect quality psychiatric care should be removed entirely. Tasks that cannot be eliminated must be reviewed and revised to minimize administrative burden for psychiatrists.**
- 2. Support the immediate elimination of formal “treatment plans” documentation required of a psychiatric visit in a behavioral health clinic or inpatient setting, as comparable services in other medical settings (i.e., primary care) do not have comparable requirements. Rather, they only require documentation in an assessment and progress note. Any other existing differential documentation requirements for treatment plans, placing burden on psychiatrists or other behavioral health practitioners, should also be immediately identified and eliminated.**

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