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The Patient's 10 minute Confessional

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CMO Swiss Re

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Key areas

- What the patient says versus what they mean
- Reasons for disclosure and non-disclosure
- GP attitudes to Insurers
- Documentation and its pitfalls in the record
- What the GP documents and what we ignore

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Background influences

Garrulous historian	Heart sink patient	Frequent attender
"Patient with the List"	DENS	Documentation and attention to detail

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Patient disclosure

- Trust
- Seeking answers / reassurances
- Diagnosis imparts a label
- Implications: medical, occupational, financial
- Ulterior motive – housing, sick role, med cert

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Why GP's non disclose

Gaps in knowledge	Easier this way
Newly qualified doctor (high on data, low on content)	Danger of making symptoms fit a diagnosis

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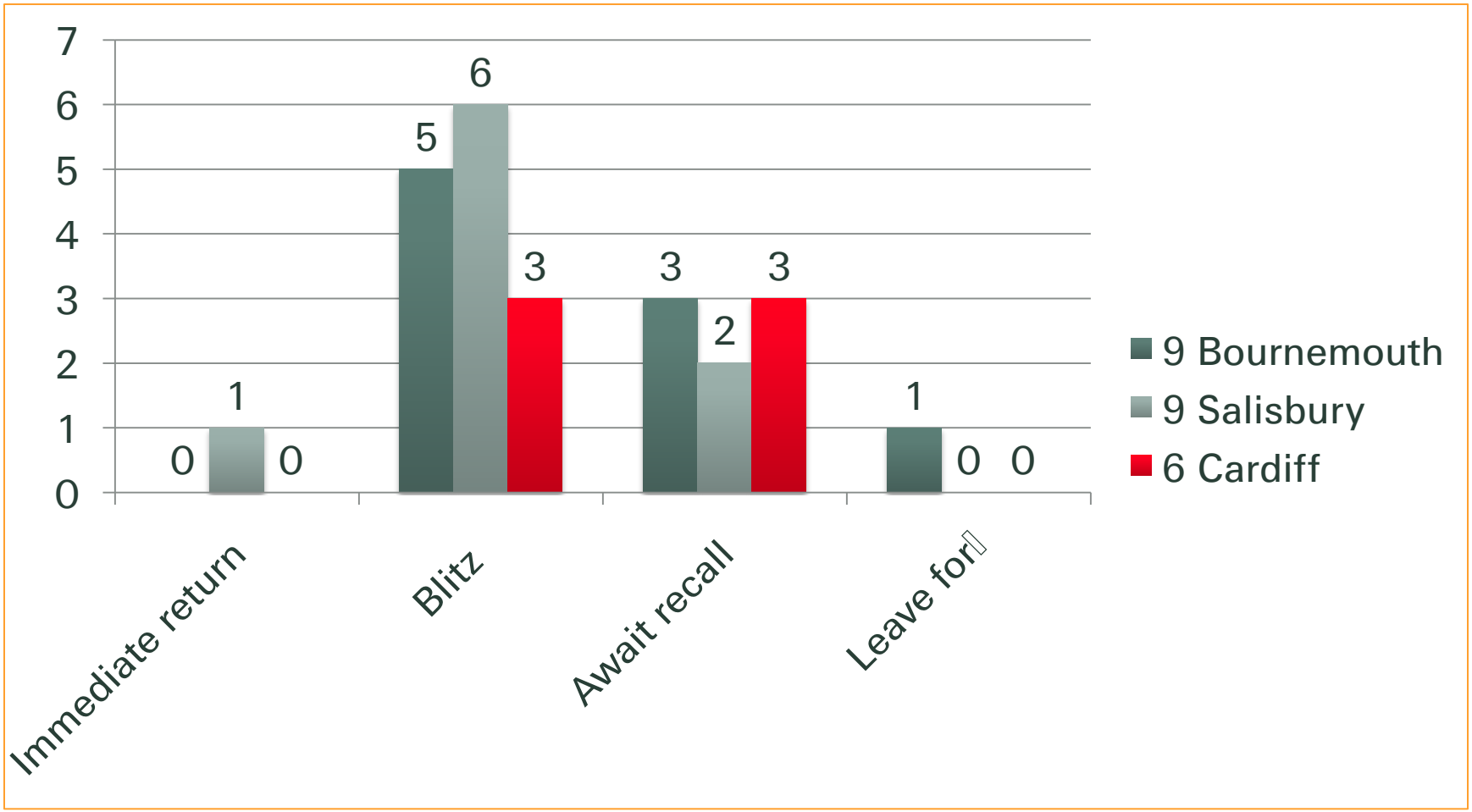
GP attitudes to insurers



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Effective documentation?

- Perianal pruritis 2/52, light pr spotting on wiping no CIBH, no red flags. PMH piles.

- OE (with consent) 3rd degree thrombosed pile at 3 O'clock. No contact bleeding. No skin lesions or fissures. Permitted single finger.

- No neoplastic features. Topical prep, refer colorectal team, review in 2/52. SOS

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Effective documentation?

Purple grapes. Soon.

Grapes

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What does the patient mean?

- Palpitations
- Pins and needles
- Dizziness
- Collapse
- Fit
- Anorexic
- Nervous breakdown

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The dangers of read coding

- The positive and negative influence of QoF
- Free text important but needs to be searchable
- Dizziness & vertebro-basilar insufficiency

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Assurance related medicine

- Out of 5 years of undergraduate teaching how much time is devoted to paperwork / form filling / Insurance reports?

- Wessex Deanery / Southampton Clinical Undergraduate Tutors

- Income protection and Critical illness

Questions?

- SARS
- Fee's for GPR's
- Tele-interview verses GPR


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Thank you

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