Is It Worthwhile to File by Family Folders in Family Practice?

An Affirmative View

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Family medicine as an academic discipline and family practice as a clinical specialty must use cost-effective practice management and information systems that facilitate family care, individual care in the context of the family and community, provider education, and research.[1-9] Family-household folders are one component of such a system. This paper describes some of the ways in which these folders work in a busy family practice.

Family folders provide physicians with a practical way to organize and retrieve information about those members of the family or household who receive care in the practice. Family folders make this information easily available to physicians for patient care; for student, resident, and physician education; and for the development of new knowledge or insights, ie, research.

IMPORTANCE OF CHART SYSTEMS IN FAMILY MEDICINE

In the 20 years since family practice was first recognized as a specialty, there has been much preaching and teaching about how care of the family contributes to the care of its individual members.[10] Despite this rhetoric, there is still little agreement among family physicians or family medicine educators about how best to teach the care of the family, how to integrate care of the family into the medical student's or resident's clinical experience, and how best to organize practice systems and behavior to facilitate care of the family. Because of this lack of agreement, a large number of family practice residency program graduates, although well prepared to do general practice (various combinations of office surgery, obstetrics, gynecology, pediatrics, and internal medicine), are ill prepared to develop the full potential of their chosen specialty, family practice.

Medical practice requires an organization that enhances the ability of physicians to provide a standard of care best suited to the population served. The charting and information system must reinforce these standards and help the physician and others to ascertain whether these standards are being met. The chart is the "laboratory" notebook; it describes how the patient's problems and risk factors were identified, defined, and addressed.[11] How the charts are structured and filed (for example, by individual folders, by family or household folders, or by area of residence) aids in establishing the specific components of practice standards characteristic of family practice.

Until we are consistently able to educate and train family physicians to understand their responsibility to care for the family and the individual in the context of the family and community, it will be hard to develop the research studies necessary to prove or disprove the specialty's anecdotally supported basic premise that care of the family really makes a difference.[10] Since it has not been possible to achieve consistency and agreement on care of the family in 20 years, a practice management structure is needed that reinforces family care. This structure requires a charting and information system that facilitates easy recording and retrieval of family data.

Family folders are one component of a structured information management system. They organize charts by a social unit, namely, the family or household, and in so doing, they facilitate the care of the family and the individual in the context of the family and community. Structured charts[1-9,12] allow rapid recording and retrieval of information obtained through patient care. Such charts require specific places for recording an agreed-upon basic data set, findings pertaining to the care of that individual patient, and a family genogram,[13] which is a most helpful, but often misunderstood and underused, tool of the family physician.

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A data organization system, whether manual, computerized, or both, is only as good as the information that is entered and regularly used by the providers. Data recorded but unretrieved are of little value. Regular use of family data requires the provider to develop a habit of scanning the patient's chart, as well as those of other household members, during the patient visit, preferably before entering the examining room. Without a structured system, quick scanning of family charts is almost impossible, so the information contained may not be well used by busy physicians.

Many of my arguments for the use of family folders are based on experience: 10 years of caring for patients and teaching without access to family folders, and 23 years of caring for patients and teaching with access to family folders.

In my 3 years of residency training I never heard of family folders. The emphasis was always on the patient and the disease. Two years' experience with the Navajo at the Navajo-Cornell Clinic established that the way charts were organized and filed could make a difference in the physician's understanding of the patient, the family, and the community. When Dr Kurt Deuschle, the project director, told me to have the charts of individuals filed together by the camps in which they lived (which represented both the family and the area of residence), I resisted, only to give in when I recognized that I had no choice. Once this new system of filing was completed, I became a strong advocate. It helped all providers understand the importance of family and community as determinants of health and disease. It made a difference in how the physician and other providers were accepted and in the nature and quality of the patient care provided.

This experience demonstrated the importance of filing individual charts by family and area of residence. This approach was used for filing charts when my wife and I started our own practice and later when I helped start a teaching practice. The subsequent 22 years of practice and teaching further confirmed the importance of household-family folders to the care of the patient and the family and to the teaching of family medicine and practice to medical students and residents.

My most recent experience has been 6 years without family folders in teaching practices where I have infrequent patient care responsibilities but considerable audit and review responsibilities. This experience has provided further evidence that family folders help determine how one understands and cares for the family. Those practices with which I am familiar, which do not use family folders, seem less committed to the following goals:

1. Assigning families or households to an individual provider
2. Emphasizing the importance of caring for families
3. Having a mechanism for reminding the provider on each visit who else is in the family or household or where those individuals are getting care
4. Emphasizing continuity of care for the individual or for the family
5. Integrating disease prevention, health maintenance, and promotion into the routine care of patients
6. Scheduling the providers in the clinics on a regular and predictable basis
7. Preparing residents and faculty to understand fully the potential learning and service value of caring for families
8. Having a provider responsible for assuring the patient gets the full breadth of care recommended in family practice

From these experiences family folders have proven to be an essential component of the information and practice systems needed to facilitate family physicians' ability to practice their clinical specialty—family practice.

FAMILY FOLDERS

Because of the expansive nature of "family" and the different forms it takes, the term *family folder* will be used to mean the folder in which are kept the individual charts of all persons who are seen in the practice and are currently living in the same household, whether related or unrelated.

In reality, many families do not fit the concept of nuclear family. For example, a number of families are adopting children from a variety of backgrounds and with a variety of problems. An increasing number of marriages are ending in divorce. There are large numbers of single-parent families, and an increasing number of combined, restructured, and loosely structured families. Alternative families are more common as individuals develop new formal and informal relationships with other adults and as single parents seek for themselves and their children those supports that traditionally are expected to come from families. These alternative families include communal relationships, single sex couples, common law marriages, and temporary or permanent living relationships for convenience.

Family folders and organized charts must be able to handle these diverse families. The family physician's job is not to restrict the concept of family or household to those considered to be traditional, but to accept and care for individuals who have developed the various structures that function as family either formally or informally.

Keeping the patients' charts in the folder of the household of which they are a member allows recognition of (1) traditional families, (2) alternative families, (3) other social groupings of individuals, (4) institutional facilities, such as halfway houses for people coming out of correctional, substance abuse, or other types of programs, and (5)

special housing situations such as shelters or homes for abused children, abused women, adolescents, the homeless, the developmentally disabled, the chronically mentally ill, and others who may require group living in a protected environment.

Since the family folder may not represent fully the families of origin or of offspring, each chart should have a place designed to record family members and their relationships; such a recording is often in the form of a family history sheet or genogram.

Filing the charts of individual patients in family folders is of most value if (1) the individual charts are structured for the easy retrieval of information, (2) the whole household folder with all of its charts is given to the attending physician on each patient visit, and (3) the practice assigns responsibility for care of household members to one physician, unless the patient specifically requests otherwise.

GETTING STARTED WITH FAMILY FOLDERS

Family folders require an organizational format unlike that used for traditional office filing systems. Charts are made on each member seen in the practice, but they are contained in a sturdy outer family folder. Each family or household folder is given an identification number, if filed numerically, or a head of household or family name, if filed alphabetically. Each individual in the practice is listed in a separate alphabetic index to identify the folder in which his or her chart is filed. Each family folder is coded by color consistent with the needs of numeric filing by household number, alphabetic filing by head of household, or filing by census tract, enumeration district, or some other geographic identifier. Geographic filing offers an unusual opportunity to use the filing system to organize data important for increased understanding of the community, for outreach, for research, and for more effective practice management.

BENEFITS OF USE

Family practice residencies preach continuity of care and care for families as goals in their teaching and service practices. Many residency programs, however, fail to develop appropriate scheduling and practice systems to accomplish these goals; therefore, resident physicians can graduate with no real experience in or understanding of the value of continuity of care and care of the family. This educational deficit, the disappearing solo practitioner, and the increasing mobility of both physicians and patients all make the need to use family folders even greater than in the past. As a family moves to a new physician or as the physician moves to new patients, the family's folder helps both patient and physician to become oriented more quickly.

Family folders facilitate the ongoing care of the patient and family by making available to the provider, at the time of the patient's visit, the charts of all members of the patient's household who receive care in the practice. This access to the family folder allows the provider to refresh his or her memory about other household members and their problems that may have an impact on the problems of the patient being seen. The provider thus has increased awareness of who in the household is seen in the practice and the problems for which they are seen.

Physicians apply family care concepts more easily, for example, when they can on any visit remind a parent his or her child needs a specific immunization updated or a recheck for an acute illness, such as otitis media or pneumonia; remind an adult that it is time for his or her spouse to return for follow-up of diabetes or hypertension; relate a patient's headache to his or her spouse's problem with alcohol abuse; answer parents' questions about health problems of their children when such information is appropriate and confidentiality is not an issue; or have access to the specific problems of all household members involved when a middle-aged woman has the stress of caring for both her elderly, slightly demented mother, who is living in the household, and her teenage children, who are acting out.

Thus, family folders help remind physicians of other members of the household and provide the physicians with an opportunity to review quickly the problems of these members as they respond to the needs of the individual seen. It has been my impression that this process facilitates the physician's ability to recognize problems that can be helped by simple family counseling.

To summarize, filing by family folders offers the following benefits:

1. Ensures the provider of readily available information on family and individual family members, including reminders of the need for preventive or follow-up care for individual family members
2. Facilitates the provider's ability to think and function in family terms
3. Facilitates the provider's ability to recognize family problems, structure, and patterns, and to initiate timely counseling
4. Encourages the appointment desk to give all members of a family appointments with the same physician, unless specifically requested otherwise
5. Reduces chart retrieval and filing time when more than one member of a family or household is seen in a day
6. Facilitates epidemiologic thinking by the provider
7. Facilitates outreach and research

8. Symbolizes to the patient that the physician is prepared to care for the whole family

9. Reduces the cost of folders, as separate folders are not necessary for each family or household member

I feel that such criticisms are cost, bulkiness, and resistance to change by office staff are overshadowed by the advantages and benefits of using family folders. As specialists, supposedly prepared to care for families and individuals in the context of family and community, family physicians must use data organization systems that facilitate family care. The adage that form follows function, and should always facilitate function, is true for family folders, except in this case form helps develop function, in that form is necessary to help more family physicians function as family physicians.

The family's folder provides constant reminders to the patients and to ourselves that we care for families as well as individuals. It should help us be more aware and responsible physicians.

I have reported from my observations and experience. As family medicine in future places a greater emphasis on including concepts of family systems, family folders will become one of the strongest means for keeping an awareness of family before us at all times.

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An Opposing View

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True worth is in being, not seeming.

—Alice Carey, 1849

The very name *family medicine* has forced family physician scholars to examine how and to what extent the family should be incorporated into the practice of family medicine.[1–3] Since the family does appear to have an influence on the outcome of illness, it is indeed important to pay attention to family issues in the care of individual patients.[1,3,4] According to Ramsey, however, "we still lack the family-oriented treatment interventions that will promote health and improve outcomes of illness or substantially and positively affect its course."[3]

The attention to family has nonetheless led to the recommendation that family folders should be used in family practice to foster a family orientation in the care of individual patients.[5] For the purpose of this discussion, *family folder* refers to a record folder that includes all the individual medical records of members of the same family or

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TABLE 1. ELEMENTS THAT COULD BE INCLUDED IN A FAMILY FOLDER

All individual family member records
Family registration record including member names, identification, and selected demographic information, eg, age, sex
Family problem list[5]
Family tree (or pedigree)[6]
Family profile[5,6]
Family time line[5,6]
Genogram[7]
Family database[8]
Family circle[9]
Family health tree[10]
Household description[11]
Record of family discussions or family sessions[11]

household who are registered for care in that particular practice. It has been proposed by various authors that the family folder should include some or all of the components noted on Table 1.[5–11] At the very least, the entire family folder will be pulled at the time of an individual patient visit, and thus all the records of the registered family or household members will be available to the physician.

Some family practice clinics have implemented a system of filing individual records using a color-coded family number. All members of the same family share the same family number, but have a unique member number, so that all the records of the same family are filed in the same location. Since only the individual patient chart is pulled at the time of the visit, this method of record filing would not qualify as a family folder system.

At least one author has attempted to consolidate all the individual member information into a single composite family problem list, but this approach has not been generally accepted.[12]

I should digress for a moment and admit that I have been a proponent of family folders for the past 18 years. I used them in my rural practice in Israel and subsequently in my academic practice, both at the Medical University of South Carolina in Charleston and at the University of Washington in Seattle. I was forced to face the question whether the family folder was worthwhile when the overwhelming majority of the department faculty in Seattle voted to abandon the family folder and to change to an alphabetical, color-coded, individual patient record system. The main objection to the family folder was the difficulty in locating a patient whose name was different from that of the head of household, under whose name the family record was filed. Such a discrepancy was particularly troublesome when filing test results and reports. In addition, the family folder concept resulted in a larger number of records than necessary being out of circulation while one patient's visit was being transcribed, reviewed, and signed by the resident provider and then countersigned by the faculty attending physician.

The availability of a usable microcomputer patient database made the decision to abandon the family folder easier, since it became possible to print a family registration profile for each family member's record and print updates with every new member registered. A small amount of extra filing results, but the physician can see at a glance who are the members of the family receiving care at the family practice center. In addition, it is possible to pull the records of additional family members, should that be necessary, without needing to access the computer. Since the family problem list was rarely or never used, and the family pedigree,[6] genogram,[7] family profile,[5,6] family time line,[5,6] and family circle[9] were utilized only in selected cases in the teaching practice, it was difficult to defend against the demise of the family folder.

If family folders are indeed worthwhile, to what extent have they become part of the practice of family medicine in the United States? One would expect that family practice residency training programs would be in the forefront of any record-keeping innovations.

FAMILY FOLDER STUDY

To determine the use of family folders by family practice residencies, a telephone survey was conducted on a 10% random sample (using a random numbers table) of nonmilitary programs in the contiguous United States.[13]

There were 35 programs in the sample. Only nine (26%) of the programs use family folders (Table 2); however, 69% had the ability to link family groups using either a manual (29%) or a computerized (40%) system. Interestingly, of the nine programs using family folders, three (33%) did not have this capability.

The genogram[7] is the best known of the tools recommended to record family relationships. The genogram was used occasionally or seldom by 63% and never used by 26% of the programs, with virtually no difference between programs using or not using family folders (Table 3). The use of family folders is associated with a higher likelihood (66% compared with 23%) that the respondents would

TABLE 2. USE OF FAMILY FOLDERS BY FAMILY PRACTICE RESIDENCY PROGRAMS IN THE CONTIGUOUS UNITED STATES

	Program Type*				
Item	1 No. (%)	2 No. (%)	3 No. (%)	4 No. (%)	Total No. (%)
All programs	29 (8.0)	207 (57.2)	64 (17.8)	61 (17)	362 (100)
Study sample	3 (8.6)	18 (51.4)	7 (20.0)	7 (20)	35 (100)
Physician respondents†	1	6	2	3	12 (34)
Other respondents‡	2	12	5	4	23 (66)
Use family folders	0	5	2	2	9 (26)
Ability to link families					
Manual	0	6	2	2	10 (29)
Computer	1	6	5	2	14 (40)
None	—	—	—	—	11 (31)

*Program type: 1—community-hospital based; 2—community based and medical school affiliated; 3—community based and medical school adminstered; 4—medical school based.
†Includes 8 directors, 3 faculty members, 1 resident.
‡Includes 16 clinic managers or administrators, and 7 nurses or medical records managers.

regard the family folder as worthwhile (Table 4). It is noteworthy, however, that 33% of the respondents using family folders were either neutral or disagreed that they were worthwhile. Two respondents had used family folders in the past but had changed to an individual patient record filing system because of difficulties in accessing the files, especially for patients with different family names.

COMMENT

In theory, the family folder would appear to be an important tool in encouraging a family orientation in family practice. That the theory has not been translated into reality, however, is reflected in the absence of any mention of a family folder in the new family practice record system recently promoted by the Society of Teachers of Family Medicine (STFM) medical records committee[14] and endorsed by the STFM board. A recently published textbook on the family in medical practice[15] fails to include the use of a family folder as a means to facilitate physicians' thinking about family systems. Recently published descriptions of computerized record systems for general practice in Australia[16] and in Hong Kong[17] do not include any reference to family grouping or linkages.

Does the presence or absence of a family folder record system affect the successful consideration of family issues by family physicians? Does the presence of a family folder result in better outcomes of care? The answers to these questions are simply not known at this time.

I would have to acknowledge that the front office staff, nurses, and physicians at the University of Washington teaching program have been very pleased with the new individual patient record system. As one of the holdouts

TABLE 3. USE OF THE GENOGRAM

Genogram Use	Programs With Family Folders No. (%)	Programs Without Family Folders No. (%)	Total No. (%)
Never	3 (33)	6 (23)	9 (26)
Occasional	5 (55)	17 (65)	22 (63)
Often	1 (11)	0 (—)	1 (3)
Always	0 (—)	0 (—)	0 (—)
Unknown	0 (—)	3 (12)	3 (9)
Total	9 (99)	26 (100)	35 (101)

Note: Percentages do not always add up to 100% because of rounding.

TABLE 4. ARE FAMILY FOLDERS WORTHWHILE?

Response	Programs With Family Folders No. (%)	Programs Without Family Folders No. (%)	Total No. (%)
Strongly agree/agree	6 (67)	6 (23)	12 (34)
Neutral	2 (22)	14 (54)	16 (46)
Disagree/strongly disagree	1 (11)	6 (23)	7 (20)
Total	9 (100)	26 (100)	35 (100)

Note: Column percentages do not always add up to 100% because of rounding.

for family folders, I must admit that the family registration profile in each member's record goes a long way toward providing me with the basic family information previously offered by the family folder.

Can we really say that it is worthwhile to file using family folders? It seems that theoretically it should be, but "True worth is in being, not seeming."

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