



HL7 Reducing Clinician Burden Project DRAFT Clinician Burden Cause Matrix 25 January 2021		Mandates of External Entities										Mandates of Internal Entities							Actions taken...		
		Legislative bodies	Federal, state, regional agencies	Public and private payers	Public health agencies	Accreditation, licensing bodies	Various entities	Professional societies and others	HIT standards development organizations	Software developers	Administration/CEO/COO	Administration/CEO/COO	Finance/CFO	Department, service, specialty	Information technology (IT)/CIO/CMIO	Health information management (HIM)	Security management/CISO				
Topic ↓	Law	Regulation	Claims, payment policy	Public health reporting policy	Accreditation, licensing policy	Quality/performance measurement/reporting	Practice guidelines	HIT standards	Software design, development, initial deployment	Organizational practice/policy	Software procurement practice/policy	Financial, billing practice/policy	Unit practice/policy	Software management, support, implementation practice/policy	HIM practice/policy	Privacy, security practice/policy	Without clinician review, input or oversight	To serve/address priorities other than immediate patient needs	To assert/preserve economic self-interest		
	1) Clinician Burden - In General																				
2) Patient Safety (and Clinical Integrity)																					
3) Administrative tasks																					
4) Data entry requirements																					
5) Data entry scribes and proxies																					
6) Clinical documentation: quality and usability																					
7) Prior authorization, coverage verification, eligibility tasks																					
8) Provider/patient face to face interaction																					
9) Provider/patient communication																					
10) Care coordination, team-based care																					
11) Clinical work flow																					
12) Disease management, care and treatment plans																					
13) Clinical decision support, medical logic, artificial intelligence																					
14) Alerts, reminders, notifications, inbox management																					
15) Information overload																					
16) Transitions of care																					
17) Health information exchange, claimed "interoperability"																					
18) Medical/personal device integration																					
19) Orders for equipment and supplies																					
20) Support for payment, claims and reimbursement																					
21) Support for cost review																					
22) Support for measures: administrative, operations, quality, performance, productivity, cost, utilization																					
23) Support for public and population health																					
24) Legal aspects and risks																					
25) User training, user proficiency																					
26) Common function, information and process models																					
27) Software development and improvement priorities, end-user feedback																					
28) Product transparency																					
29) Product modularity																					
30) Lock-in, data liquidity, switching costs																					
31) Financial burden																					
32) Security																					
33) Professional credentialing																					
34) Identity management																					
35) Data quality and integrity																					
36) Process integrity																					
37) List Management																					

 Key Cause
 Contributing Cause