

ONC/CMS Reducing Clinician Burden Meeting  
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Thank you for the opportunity to comment in this forum. I want to share what we hear from the front-line clinicians we work with:

- 1) Make daily use of the EHR system efficient and effective for me and my care team.
- 2) Make it non-distractive for my patients and my interaction with them.
- 3) Give me a clean and straight-forward user interface.
- 4) Make it easy to tailor the user experience to my service and specialty and to my preferences, including my common work flow patterns and sequences.
- 5) Give me an easy way to capture clinical facts, findings and observations; to document assessments, care needs and orders.
- 6) Give me a simple way to communicate with care team members and initiate consultations with clinical experts (particularly those that I typically work with).
- 7) Make clinical decision support readily available but not obtrusive. Make it easy to select, reference, link or skip.
- 8) Make sure prompts, notifications and alerts are evident but not obtrusive.
- 9) Give me an easy way to reference or link my assessments, care and progress notes to diagnostic and therapeutic reports, to consultation notes, to the observations and findings of other care providers, to residents and students, without duplicate entry.
- 10) Allow me to control and strike the right balance between clicks, keyed entry, natural language processing, structured and unstructured entries.
- 11) Remove my burden to capture data that's not directly relevant to my clinical practice and patient care, including quality, performance, productivity, administrative, operational and cost parameters and value-based determinants. Separate these, or allow me to delegate, into a non-clinician data entry stream or enable them to be derived algorithmically.
- 12) Remove my burden to assimilate mass quantities of fragmented, stale, out-of-context and often irrelevant patient summary and results information delivered in bulk from external sources, via interfaces and HINs.
- 13) (Yet) Give me clinical data that's algorithmically optimized for my review. Make it timely, concise, pertinent, readily comprehensible and immediately actionable.
- 14) Make data from multiple feeds visually integrated and readily traceable to the source (or source of truth).
- 15) Make data verifiably accurate and make sure it's unaltered from source content.
- 16) Make sure data is retained and readily available to be shown in its full clinical context.
- 17) Make data attribution evident: including provenance, authorship (and credentials), purpose of capture.
- 18) Make sure like data is consistently represented, easily compared and trended.
- 19) Make data relationships clear and correlate-able (as between): encounters, complaints, symptoms, diagnoses, problems, allergies, assessments, clinical decisions, orders, diagnostics, therapies, cares, results, medications, interventions, observations, care plans...
- 20) Make sure data is clearly presented as past (what's already happened), present (what's happening now) or future (what's anticipated to happen).
- 21) Make sure all actions are unambiguous, specifically who did what when, where & why.

These requests have played prominently in our design of EHR and PHR system solutions.