**HL7 Electronic Health Record Work Group**

**Reducing Clinician Burden**

**Conference Call**

**Monday at 1500 ET US for 60 minutes**

**2018-10-15 Minutes**

Presiding Co-chair: Gary Dickinson

Scribe: Dr. Mark Janczewski

***To join the HL7 EHR WG Meeting:***

Audio: Dial: +1 (415) 930-5321; 803-7

Video: Use GoToWebinar, Meeting ID:

<https://attendee.gotowebinar.com/register/2633603421543379714>

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**Attendance:**

* Gary Dickinson – EHR WG Co-Chair
* Dr. Mark Janczewski – EHR WG Co-Chair
* Dr. Pele Yu – EHR WG Co-Chair
* Dr. Steve Hufnagel – EHR WG Co-Chair
* John Ritter – EHR WG Co-Chair
* Dr. Michael Brody – EHR WG Co-Chair
* Dr. Lisa Masson
* Dr. Reed Gelzer
* Gora Datta
* Alpo Varri
* Andrea Pitkus
* Dr. Andy Gettinger
* Dr. Thomas Mason
* Julia Chan
* Brian Pech
* Danny Williams
* Dr. David Schlossman
* Dr. James Sorace
* Dr. James McCLay
* Laura Heerman
* Lisa Anderson
* LuAnn Whittenburg
* Dr. Mitchell Hilsen
* Scott Robertson
* Susan Matney

**Regrets**

* Dr. Steven Lane
* Dr. James Tcheng
* Dr. John Dalton
* Peter Goldschmidt

**Materials:**

* Slide Deck provided by Gary Dickinson online (not sent as a read-ahead)

**INITIAL PRESENTATION**

1. Gary introduced the topic and noted that this effort was in part prompted by a conversation between Gary and Wayne Kubick to address some of the concerns clinicians have with using EHR systems.
2. Definition of Terms – Gary review a slide that provided definitions for the following terms: Reducing (reduce), Clinician, Burden, Clinician Burden (7 factors provided by Peter Goldschmidt)
3. Overview
   * 1. This project focuses on clinician burdens including time and data quality burdens associated with:
     2. Use/engagement of EHR/HIT systems
     3. Capture, exchange and use of health information
     4. Looking at:
     5. Regulatory, operational, administrative, payor mandates
     6. EHR/HIT system design, functionality, usability and implementation
     7. Data quality and usability
     8. Citing many reference sources
4. Reference Sources ... Quantifying the Burden
5. 3 out of 4 physicians believe that EHRs increase practice costs, outweighing any efficiency savings
6. 7 out of 10 physicians think that EHRs reduce their productivity
7. 4 in 10 primary care physicians (40%) believe there are more challenges with EHRs than benefits
8. 7 out of 10 physicians (71%) agree that EHRs greatly contribute to physician burnout
9. 6 out of 10 physicians (59%) think EHRs need a complete overhaul
10. Only 8% say the primary value of their EHR is clinically related
11. Categories of Clinician Burden – Approximately 30 categories noted
12. Analysis Worksheet Tabs– An Excel® Workbook with 7 tabs, separated as follows:
13. Burdens
14. Time Burdens
15. Data Quality Burdens
16. Terms: Reducing, Clinician, Burden
17. Reference Sources
18. Contacts: Co-Leads
19. Acknowledgements:
20. Analysis Worksheet Columns – ONC taking interest in this
21. (blank)
22. Clinical Burdens – Raw Input
23. Recommendations – Raw Input
24. Reference Sources
25. Targeted Recommendation(s) - based on
26. identified burden topic
27. Who Might Best Address Burden(s)
28. Current Proposals and Successful Solutions
29. Targeted Recommendations – separated into two columns, “What” (Burden Targeted) and “Who” might best address the Burden. Some the of “What”s and “Who”s include:
30. Standards – HL7, IHE, DICOM, ISO TC215, etc.
31. Regulation and Policies – Government and Accreditation Agencies
32. Claims and Payment Policies - Payers
33. Systems/Software Design – EHR Developers
34. System/Software Implementation – EHR System Implementers
35. Advisories – Professional Societies and Consultants
36. Project Plan
37. Now
    * 1. Continue environmental scan
      2. Continue to compile burden topics
38. Next
    * 1. Establish small teams to address burden topics/categories
      2. Refine, develop targeted recommendations to reduce burdens
      3. Identify:
      4. What is the Burden Targeted?
      5. Who might Best Address Burden?
      6. Burdens already tackled: with proposals or with successful solutions
39. Then: Publish and work to implement recommendations
40. Project Team Schedules
41. Semi-monthly schedule, 1st and 3rd Mondays at 3 pm (15 Oct; 5 & 19 Nov; 3 & 17 Dec; 7 Jan)
42. Continue environmental scan
43. Continue to compile burden topics
44. Contacts – Info about the EHR WG Co-Chairs was provided
45. Document Repository is at: <http://wiki.hl7.org/index.php?title=EHR_Interoperability_WG>
46. Gary then displayed the Analysis Worksheet, starting with the “Burdens” worksheet, emphasizing entries in Columns B (Clinician Burden) and C (Recommendations). There are additional columns as noted in Item 7., above.

**DISCUSSION**

1. Dr. McClay (an ED physician) brought up the topic o if we considering looking into dividing this up by specialty. Dr. Janczewski agreed that this is a concern because there are different workflows (e.g. ED, Internal Medicine, Surgery, etc.). Dr. Masson and Dr. Brody agreed with Dr. Brody suggesting that perhaps we ought to consider dividing up based on Clincical “environment”.
2. Gora suggested looking at ONC “Chapel” data and top 10 clinican concerns.
3. David Schlossman spoke about differences in Clinical Workflows and is concerned that separate statements about workflow differences may be very complicated. John Patrick has worked on this in the past with Dr Robert Weaver. Dr. Gelzer also entered into the discussion from the standpoint of records provenance.
4. Brian Pech and Susan Matney talked about how Natural Language Procesing (NLP) coupled with robust Artifical Intelliegnece (AI) could help improve the development of valid legal records. Dr. Masson agreed. She brought up an analogy of using Amazon’s Echo (Alexa) to re-order dishwashing liquid.
5. Gora noted that ….
6. Dr. McClay noted we ought to restrict ourselves first on describing the problem.
7. Dividing up into smaller groups to tackle
8. Lock-in, data liquidity, switching costs – Dr. Michael Brody
9. Clinical Documentation – Dr. Lisa Masson
10. Clinical Workflow – Dr. David Schlossman
11. Document Sharing
12. It was suggested to use HL7 Confluence
13. Dr. Mark Janczewski would be happy to work with an individual to help set this up.

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