

# “Reducing Clinician Burden” Project Overview

Health Level Seven (HL7)  
Electronic Health Record Work Group (EHR WG)  
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## Reducing Clinician Burden

# Definition of Terms

Reducing (reduce)	<ul style="list-style-type: none"><li>• “To bring down, as in extent, amount, or degree; diminish”, and “To gain control of... [to] conquer”, and “To simplify the form of... without changing the value”, also “To restore... to a normal condition or position” – The Free Dictionary</li><li>• “To lower in... intensity” – Dictionary.com</li><li>• “To narrow down”, also “To bring to a specified state or condition” – Merriam-Webster</li></ul>
Clinician	<ul style="list-style-type: none"><li>• “A health professional whose practice is based on direct observation and treatment of a patient” – Mosby's Medical Dictionary</li><li>• “An expert clinical practitioner and teacher” – Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health</li><li>• “A health professional, such as a physician, psychologist, or nurse, who is directly involved in patient care” – American Heritage Medical Dictionary</li></ul>
Burden	<ul style="list-style-type: none"><li>• “A source of great worry or stress”, and “[Something that] cause[s] difficulty [or] distress”, also “To load or overload” – The Free Dictionary</li><li>• “Something that is carried, [as in a] duty [or] responsibility”, also “Something oppressive or worrisome” – Merriam-Webster Dictionary</li></ul>

# THE MODERN MEDICAL TEAM



## Reducing Clinician Burden

# Overview

- Project focuses on clinician burdens including time and data quality burdens associated with:
  - Use/engagement of EHR/HIT systems
  - Capture, exchange and use of health information
- Looking at:
  - Regulatory, operational, administrative, payor mandates
  - EHR/HIT system design, functionality, usability and implementation
  - Data quality and usability
- Citing many reference sources:
  - Trade publications, professional society journals, articles, studies, personal experience

# Reducing Clinician Burden Categories

- Administrative tasks
- Data entry requirements
- Scribes, data entry proxies
- Clinical documentation quality and usability
- Prior authorization, verification, eligibility tasks
- Provider/patient
  - Face to Face Interaction
  - Communication
- Care coordination, team-based care
- Clinical work flow
- Disease management, care and treatment plans
- Clinical decision support, medical logic, artificial intelligence
- Alerts, reminders, notifications, inbox management
- Information overload
- Transitions of care
- Health information exchange, claimed "interoperability"
- Medical/personal device integration
- Orders for equipment and supplies
- Support for payment, claims and reimbursement
- Support for cost review
- Support for measures: administrative, operations, quality, performance
- Support for public and population health
- Legal aspects
- User training, proficiency
- Common function/information models
- Software development priorities
  - End-User Feedback
- Product transparency
- Product modularity
- Lock-in, data liquidity, switching costs
- Financial burden
- Security
- State of data content quality

## Reducing Clinician Burden

# Project Plan

- Now
  - Continue environmental scan
  - Continue to compile burden topics
- Next
  - Establish small teams to address burden topics/categories
  - Refine, develop targeted recommendations to reduce burdens
  - Identify:
    - WHAT (burden targeted) and
    - WHO (might best address burden)
    - Burdens already tackled: with proposals or with successful solutions
- Then
  - Publish and work to implement recommendations

Reducing Clinician Burden

# Targeted Recommendations

WHAT – Burden Targeted	WHO – Might Best Address Burden	With Engaged Providers
Standards <ul style="list-style-type: none"> <li>• Messages (HL7 v.2x), Documents (CCDA), Resources (FHIR)</li> <li>• EHR System Functional Model/Profiles</li> <li>• Implementation Guides</li> </ul>	Standards Developers/Profilers: <ul style="list-style-type: none"> <li>• DICOM, HL7, IHE, ISO TC215, NCPDP, ASC X12N...</li> </ul>	
Regulation, Policies	Government, Accreditation Agencies	
Claims, Payment Policies	Public and Private Payers	
System/Software Design	EHR/HIT System Developers/Vendors	
System/Software Implementation	System Implementers	
Advisories	Professional Societies, Consultants	

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# Project Team Schedule

- Face-to-face meeting at HL7 Baltimore (EHR WG)
  - Thursday Q2, 4 October, 11AM to 12:30PM ET (US)
- Bimonthly teleconferences, Monday at 3PM ET (US)
  - 15 October, 5 and 19 November, 3 and 17 December, 7 January
  - GoToMeeting Link:
    - <https://global.gotomeeting.com/meeting/join/798931918>
    - Password: "HL7" or "hl7"
- Small teams may meet independently: TBA



## Reducing Clinician Burden

# Contacts

- Comments on the DRAFT analysis worksheet are welcome (including additional reference sources) and should be addressed to the HL7 EHR WG Co-Chairs:
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# Reference Points

- HL7 EHR Interoperability Wiki
  - Latest analysis worksheet and project overview
  - Links to reference sources
  - [http://wiki.hl7.org/index.php?title=EHR\\_Interoperability\\_WG](http://wiki.hl7.org/index.php?title=EHR_Interoperability_WG)
- Comments may also be directed to:
  - US Centers for Medicare/Medicaid Services (CMS)
  - [reducingproviderburden@cms.hhs.gov](mailto:reducingproviderburden@cms.hhs.gov)