**HL7 Electronic Health Record Work Group**

**Reducing Clinician Burden**

**Conference Call**

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

**2018-11-19 Minutes**

Presiding Co-chair: Gary Dickinson

Scribe: Dr. Mark Janczewski

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

Audio: Dial: +1 (562) 247-8321,,948-035-826#

Video: Use GoToWebinar: <https://attendee.gotowebinar.com/register/7887938593952755714>

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**Attendance:** Present

* Dr. Michael Brody – EHR WG Co-Chair
* Gary Dickinson – EHR WG Co-Chair
* Dr. Steve Hufnagel – EHR WG Co-Chair
* Dr. Mark Janczewski – EHR WG Co-Chair
* John Ritter – EHR WG Co-Chair
* Dr. Pele Yu – EHR WG Co-Chair
* Liz Amos
* Lisa Anderson
* Calvin Beebe
* Julia Chan
* John Dalton
* Gora Datta
* J Richard Dixon Hughes
* Bjorn-Erik Erlandsson
* Dr. Laura Heerman
* John Gachago
* Dr. Reed Gelzer
* Dr. Andy Gettinger
* Peter Goldschmidt
* Dr. Rob Hausam
* Dr. Mitchell Hilsen
* Lindsey Hoggle
* Elizabeth Keller
* Howard Landa
* Dr. Steven Lane
* Dr. Thomas Mason
* Dr. Lisa Masson
* Susan Matney
* Dr. James McClay
* Dr. Barry Newman
* Mia Niavera
* Dr. Frank Opelka
* Brian Pech
* Andrea Pitkus
* Scott Robertson
* Dr. David Schlossman
* Patty Sengstack
* Dr. James Sorace
* Dr. James Tcheng
* Lynne VanArsdale
* Alpo Värri
* LuAnn Whittenburg
* Danny Williams
* Donna Woelfel

**Materials:**

[**http://wiki.hl7.org/index.php?title=EHR\_Interoperability\_WG#.22Reducing\_Clinician\_Burden.22\_Project**](http://wiki.hl7.org/index.php?title=EHR_Interoperability_WG#.22Reducing_Clinician_Burden.22_Project) is where all the documentation is being kept.

* Updated “Reducing Clinician Burden” slide deck provided by Gary Dickinson
* Analysis Worksheet
1. **Project Overview Slide Deck**:
	1. Gary provided updates from the RCB project that have bee posted to the Wiki.
	2. He then reviewed the slides regarding Surveys that help to Quantify to Burden and then Assessing the Burden.
	3. Gary then showed some interesting graphics regarding % of time physicains spent on EHRs for various purposes and then the average characters per ambulatory progress nore. Interstingly for non-US providers the mean was less than 1,000; in the US it was over 4,000.
	4. Next he discussed outreach and the numerous organizations that have expressed interest, including SDOs, Governments professional soxieties, payers, EHR system developers, the International Healthcare community, Accreditation bodies, individual clinicians. and others.
	5. We’ve broken this effort down into 32 topic areas.
	6. Gary then briefly reviewed the Project Plan and identified the Teams Engaged, currently there are 4 of them: Clinical Documentation, Clinical Workflow, System Lock-in, Data Liquidity and Switching Costs, State of Data Content Quality.
	7. CMS has in addition sent out a 2-1/2 page letter regarding addressing clinician burden. One area they are looking to change is some of the reimubrsment rules. In actuality, there are 3 recent CMS Initiaitves, as well as ONC Draft for Comments.
	8. Next, Gary reviewed some of the risks is burden is not reduced vs. are reduced (e.g. are burdens ten increased elsewhere?)
	9. Analysis Worksheet Tabs– An Excel® Workbook with 7 tabs. Gary has updated this sheet based on input provided by project members. The 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:
2. Standards – HL7, IHE, DICOM, ISO TC215, etc.
3. Regulation and Policies – Government and Accreditation Agencies
4. Claims and Payment Policies - Payers
5. Systems/Software Design – EHR Developers
6. System/Software Implementation – EHR System Implementers
7. Advisories – Professional Societies and Consultants
8. **DISCUSSION**
	1. Clinical Documentation (Dr. Lisa Masson): Lisa noted that their group is still forming. Also, she observed that there is likely some overlap with the Clinical Workflow group..
	2. Clinical Workflow (Dr. David Schlossman): David iscussed that progress of his group, noting that often times many external actors tend to add additional documentation and workload requirements, such as compliance and billing requirments. He discussed their review of an NIST study that considers a lean data layer and that clinical workflow is not fixed between specialists and even within one physician depending on what condition they need to address. NIST stated that there is a lot of variation of workflows. David positied that we need to make records flexible enough to be able to change screens (e.g. use widgets). There are several pilot projects, one in Australia, one at Columbia University. Dr. Janczewski mentioned the Military’s Health System experience with the EHR Way Ahead and some 100 Tiger Teams. David mentioned that the group try to meet second and fourth Mondays, but if this doesn’t work, he will reach out to the group. Barry Newman noted that for both workflow and documentation there is a “big overhang” of not just administrative, but regulatory burdens. He suggested that at some point there will need to be discussion with ONC or CMS. Additionally, he observed that this problem has evolved over time basically because the end-users (clinicians) did not have a say in the design and development of EHR-S. Finally, he asked if we need a group focusing on Governance.
	3. State of Data Content Quality (Gary Dickinson): Gary is focusing n the 4th tab of the worksheet and noted that Dr. Reed Gelzer will be joing the team.
	4. Document Repository is at: [**http://wiki.hl7.org/index.php?title=EHR\_Interoperability\_WG#.22Reducing\_Clinician\_Burden.22\_Project**](http://wiki.hl7.org/index.php?title=EHR_Interoperability_WG#.22Reducing_Clinician_Burden.22_Project)

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