

“Reducing Clinician Burden” Project Overview

Health Level Seven (HL7)
Electronic Health Record Work Group (EHR WG)
26 October 2018

Quantifying the EHR Burden

Surveys Say...

- 3 out of 4 physicians believe that EHRs increase practice costs, outweighing any efficiency savings – Deloitte Survey of US Physicians, 2016
- 7 out of 10 physicians think that EHRs reduce their productivity – Deloitte
- 4 in 10 primary care physicians (40%) believe there are more challenges with EHRs than benefits – Stanford Medicine/Harris Poll, 2018
- 7 out of 10 physicians (71%) agree that EHRs greatly contribute to physician burnout – Stanford/Harris
- 6 out of 10 physicians (59%) think EHRs need a complete overhaul – Stanford/Harris
- Only 8% say the primary value of their EHR is clinically related – Stanford/Harris



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, accreditation, 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

Defining Terms (DRAFT)

Reducing (reduce)	<ul style="list-style-type: none">• “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• “To lower in... intensity” – Dictionary.com• “To narrow down”, also “To bring to a specified state or condition” – Merriam-Webster
Clinician	<ul style="list-style-type: none">• “A health professional whose practice is based on direct observation and treatment of a patient” – Mosby's Medical Dictionary• “An expert clinical practitioner and teacher” – Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health• “A health professional, such as a physician, psychologist, or nurse, who is directly involved in patient care” – American Heritage Medical Dictionary
Burden	<ul style="list-style-type: none">• “A source of great worry or stress”, and “[Something that] cause[s] difficulty [or] distress”, also “To load or overload” – The Free Dictionary• “Something that is carried, [as in a] duty [or] responsibility”, also “Something oppressive or worrisome” – Merriam-Webster Dictionary

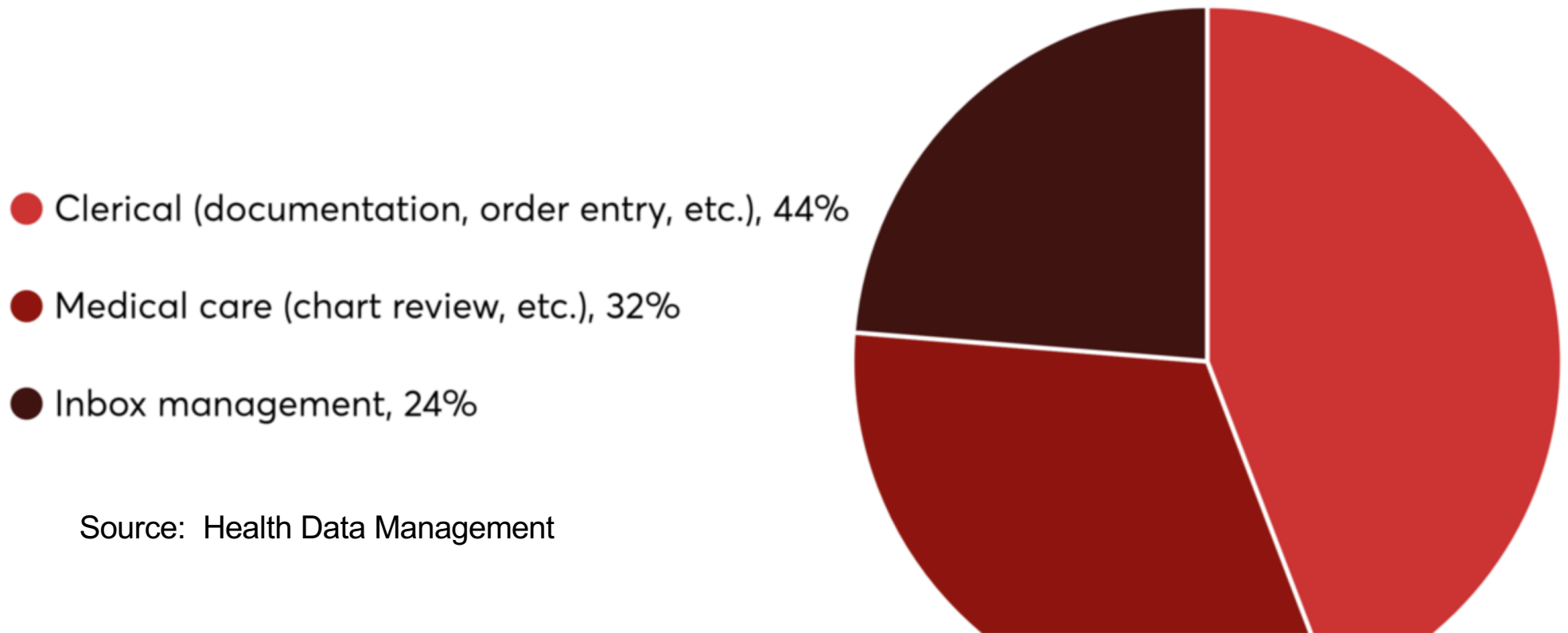
Reducing Clinician Burden

Defining Terms (DRAFT)

Clinician Burden	<p>Anything that hinders patient care, either directly or indirectly [such as]:</p> <ol style="list-style-type: none">1) Undue cost or loss of revenue,2) Undue time,3) Undue effort,4) Undue complexity of workflow,5) Undue cognitive burden,6) [Uncertain quality/reliability of data/record content,]7) Anything that contributes to burnout, lack of productivity, inefficiency, etc.,8) Anything that gets in the way of a productive clinician-patient relationship. <p>-- Peter Goldschmidt</p>
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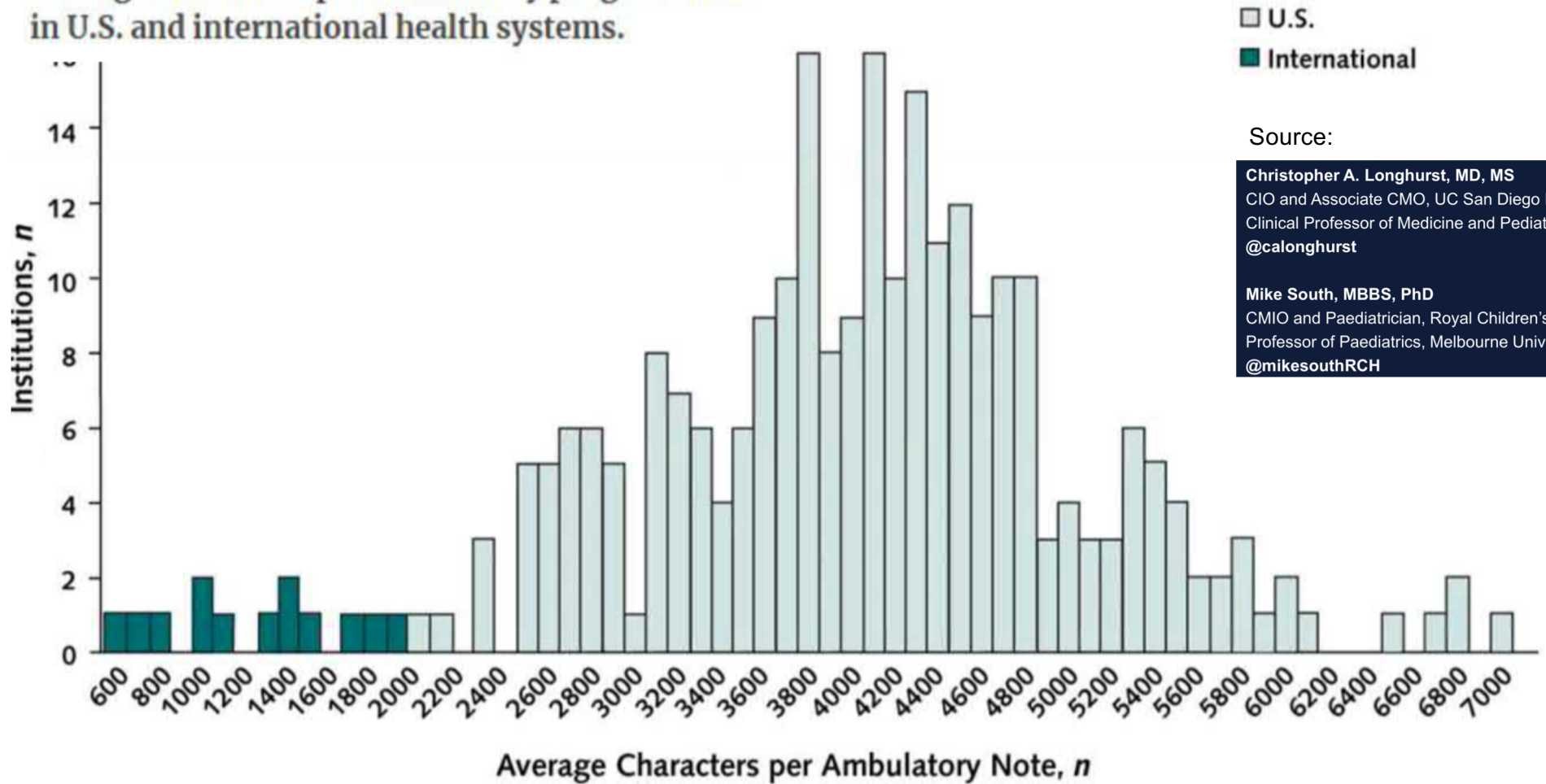
How physicians use their computers

Percent of time spent per day by EHR task category



Source: Health Data Management

Average characters per ambulatory progress note in U.S. and international health systems.



□ U.S.
 ■ International

Source:

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Reducing Clinician Burden Categories (32)

- 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
- Credentialing
- State of data content quality

Analysis Worksheet

Tabs

1. Burdens
2. Time Burdens
3. Data Quality Burdens
4. Terms: Reducing, Clinician, Burden
5. Reference Sources
6. Contacts: EHR WG Co-Chairs
7. Acknowledgements: Reviewers + Contributors

Analysis Worksheet

Columns

B) Clinical Burdens – Raw Input

C) Recommendations – Raw Input

D) Reference Sources

E) Targeted RCB Recommendation(s) – refined from our reference (and other) sources

F) RCB Proposals and Successful Solutions

Reducing Clinician Burden

Targeted Recommendations

WHAT – Burden Targeted	WHO – Might Best Address Burden		
Health Informatics Standards <ul style="list-style-type: none"> • HL7 EHR System Functional Model/ Profiles • Messages (HL7 v.2x), Documents (HL7 CCDA), Resources (HL7 FHIR) • Implementation Guides 	Standards Developers/Profilers: <ul style="list-style-type: none"> • DICOM, HL7, IHE, ISO TC215, NCPDP, ASC X12N... Standards Coordinating Bodies <ul style="list-style-type: none"> • Joint Initiative Council 	With Engaged Clinicians	
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		

Reducing Clinician Burden

To Be Considered

- Engaging with the international community
- What are the risks if burden is not reduced (e.g., clinician burnout, clinicians choosing other roles/assignments)?
- If clinician burdens are reduced...
 - Are burdens increased elsewhere (e.g., to other members of the health/healthcare team)?
 - Are benefits to other aspects of the health/healthcare business model also reduced?
 - What is the trade-off: Cost? Time? Efficiency? Effectiveness? Safety?

Reducing Clinician Burden

Project Plan

- Now
 - Continue environmental scan – to compile burden topics
 - Engage small teams to address burden topics/categories
 - Refine, develop targeted recommendations to reduce burdens
 - Identify:
 - What is the Burden Targeted?
 - Who might Best Address Burden?
 - Burdens Already Tackled: with proposals and/or successful solutions
- Then
 - Publish and work to implement recommendations

Reducing Clinician Burden

Teams Engaged

- Clinical documentation, quality and usability
 - Lead: Dr. Lisa Masson (Lisa.Masson@cshs.org)
- Clinical workflow
 - Lead: Dr. David Schlossman (dschloss39@gmail.com)
- System lock-in, data liquidity, switching costs
 - Lead: Dr. Michael Brody (mbrody@tldsistemas.com)
- Anticipated: More teams to form (focused on particular RCB topics/categories)
- Process is open, transparent and inclusive – All are welcome!

Reducing Clinician Burden

Schedule

- **Bimonthly teleconferences, Monday at 3PM ET (US)**
 - 1st and 3rd Mondays each month
 - 5 and 19 November, 3 and 17 December, 7 January
- **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:
 - Gary Dickinson FHL7, Lead: gary.dickinson@ehr-standards.com
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Arkansas Children's Hospital

Reducing Clinician Burden

Reference Points

- Latest Project Documents
 - Project overview
 - DRAFT Analysis worksheet
 - Links to reference sources
 - http://wiki.hl7.org/index.php?title=EHR_Interoperability_WG#.22Reducing_Clinician_Burden.22_Project
- Comments may also be directed to:
 - US Centers for Medicare/Medicaid Services (CMS)
 - reducingproviderburden@cms.hhs.gov