

“Reducing Clinician Burden” Project

HL7 EHR Work Group
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THE MODERN MEDICAL TEAM



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Reducing Clinician Burden

Overview

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

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Categories

- Administrative tasks
- Data entry requirements
- Clinical documentation quality and usability
- Prior authorization, verification, eligibility tasks
- Provider/patient
 - Face to Face Interaction
 - Communication
- Care coordination
- Clinical work flow
- Alerts, reminders, notifications
- Information overload
- Transitions of care
- Data exchange, “interoperability”
- Device integration
- Orders for equipment and supplies
- Support for payment
- Support for cost review
- Support for measures: administrative, operations, quality, performance
- Support for public 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
- State of data content quality

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Project Plan

- Now
 - Continue environmental scan
 - Continue to compile burdens including time burdens
- 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)
- Then
 - Publish and work to implement recommendations

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Targeted Recommendations

WHAT – Burden Targeted	WHO – Might Best Address Burden	With Engaged Providers
Standards <ul style="list-style-type: none"> • Messages (HL7 v.2x), Documents (CCDA), Resources (FHIR) • EHR System Functional Model/Profiles • Implementation Guides 	Standards Developers/Profilers: <ul style="list-style-type: none"> • DICOM, HL7, IHE, ISO TC215, NCPDP, X12... 	
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

- Deadline for input (pre-Baltimore) – Monday, 24 September
- 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 will meet independently: TBA

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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
- Comments may also be directed to:
 - US Centers for Medicare/Medicaid Services (CMS)
 - reducingproviderburden@cms.hhs.gov