

“Reducing Clinician Burden” Project Overview

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

Reducing Clinician Burden

Definition of Terms

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

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

Sample Feedback...

Quantifying the Burden

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

Sample Feedback...

Meaningless Use?

- "No other industry... has been under a universal mandate to adopt a new technology before its effects are fully understood, and before the technology has reached a level of usability that is acceptable to its core users."
- "Many clinicians know what they want – but haven't been asked... Our biggest mistake lies not in adopting clunky systems but in dismissing the concerns of the people who must use them."
- "The EHR is a major source of physician burnout. Those of us that are old enough are losing patience with the medical system and can't wait to get out... Physician burnout leads to medical errors and decreased patient satisfaction."

Sample Feedback

Meaningless Use?

- "Many physicians report that using poorly designed EHRs... requires more time documenting patient encounters... [and] compels the collection of time-consuming information of questionable value."
- "Clinician is... required to document granularly enough to support an ICD-10 code, enter hundreds of items of structured data to comply with multiple quality and value programs, and avoid committing malpractice. The connection with the patient is easily lost."
- "One primary burden of [EHR/HIT systems and 'interoperability solutions'] at present is simply that, in many scenarios, their representations aren't trusted. Any 'resource' that can't be trusted is necessarily a burden."

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 is the Burden Targeted?
 - 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 Clinicians
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, ASC X12N... 	
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

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:
 - Gary Dickinson FHL7, Lead: gary.dickinson@ehr-standards.com
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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#Reducing_Clinician_Burden
- Comments may also be directed to:
 - US Centers for Medicare/Medicaid Services (CMS)
 - reducingproviderburden@cms.hhs.gov