HL7 EHR WG Reducing Clinician Burden Project Proposal HL7 Clinician Burden Impact Statement – to be included with HL7 Project Scope Statements Draft 20 January 2021

Objective: To reduce clinician burden in their use of, and interaction with, electronic health information and EHR/HIT systems.

Reducing (reduce)	 "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 o position" – The Free Dictionary "To lower in intensity" – Dictionary.com 	
Clinician	 "A health professional whose practice is based on direct observation and treatment of a patient" – Mosby's Medical Dictionary "A health professional, such as a physician, psychologist, or nurse, who is directly involved in patient care" – American Heritage Medical Dictionary 	
Burden	 "A source of great worry or stress", and "[Something that] cause[s] difficulty [or] distress", also "load or overload" – The Free Dictionary "Something that is carried, [as in a] duty [or] responsibility", also "Something oppressive or worri – Merriam-Webster Dictionary 	

Proposal A – Burden Summary

•	The scope of this project has been evaluated and has been determined to be () advantageous, ()	
	disadvantageous, () neutral with regard to clinician burden reduction.	

- Is there formal documentation of this evaluation? (__) Yes (__) No If "yes", please attach.
- Are there specific points of guidance which might be included to show how this specification can be used to enhance front-line clinician practice and/or reduce burden?

Proposal B - Burden Scorecard

+2 Substantial Positive Impact

For burden topic areas, please indicate anticipated impacts accruing from this project:

	+2 Substantial Positive Impact +1 Some Positive Impact	0 Neutral	-2 Substantial Negative Impact-1 Some Negative Impact
Administrative (non-clinical) tasks Data entry Clinical documentation: quality and usability Prior authorization, coverage verification, eligibility tasks Provider/patient face to face interaction Provider/patient communication Care coordination, team-based care Clinical work flow Disease management, care and treatment planning Clinical decision support, medical logic, artificial intelligence Alerts, reminders, notifications Inbox management Information overload Transitions of care Health information exchange Medical/personal device integration Orders for equipment and supplies Support for payment, claims and reimbursement		quality, support Legal as User tra Common models Software feedbace ent Product System artificial Security Professi Identity Data qua Process List Marimmunic and pro	for measures: administrative, operations, performance, productivity, cost, utilization for public and population health spects and risks ining, user proficiency in function, information and process development and improvement, end-user ck individual modularity lock-in, data liquidity, switching costs cost: installation, support onal credentialing matching and management ality and integrity integrity integrity integrity ragement: problems, medications, sations, allergies, surgeries, interventions occourses
	Support for cost review	Burgen	Impact Score