

**HL7 Reducing Clinician Burden Project**  
**DRAFT Clinician Burden Cause Matrix**  
**15 June 2020**

Topic ↓

	Mandates of External Entities								Mandates of Internal Entities								Actions taken...		
	Legislative bodies	Federal, state, regional agencies	Public and private payers	Public health agencies	Accreditation, licensing bodies	Various entities	Professional societies and others	HIT standards development organizations	Software developers	Administration/CEO/COO	Administration/CEO/COO	Finance/CFO	Department, service, specialty	Information technology (IT)/CIO/CMIO	Health information management (HIM)	Security management/CISO			
Topic ↓	Law	Regulation	Claims, payment policy	Public health reporting policy	Accreditation, licensing policy	Quality/performance measurement/reporting	Practice guidelines	HIT standards	Software design, development, initial deployment	Organizational practice/policy	Software procurement practice/policy	Financial, billing practice/policy	Unit practice/policy	Software management, support, implementation practice/policy	HIM practice/policy	Privacy, security practice/policy	Without clinician review, input or oversight	To serve/address priorities other than immediate patient needs	To assert/preserve economic self-interest
1) Clinician Burden - In General																			
2) Patient Safety (and Clinical Integrity)																			
3) Administrative tasks																			
4) Data entry requirements																			
5) Data entry scribes and proxies																			
6) Clinical documentation: quality and usability																			
7) Prior authorization, coverage verification, eligibility tasks																			
8) Provider/patient face to face interaction																			
9) Provider/patient communication																			
10) Care coordination, team-based care																			
11) Clinical work flow																			
12) Disease management, care and treatment plans																			
13) Clinical decision support, medical logic, artificial intelligence																			
14) Alerts, reminders, notifications, inbox management																			
15) Information overload																			
16) Transitions of care																			
17) Health information exchange, claimed "interoperability"																			
18) Medical/personal device integration																			
19) Orders for equipment and supplies																			
20) Support for payment, claims and reimbursement																			
21) Support for cost review																			
22) Support for measures: administrative, operations, quality, performance, productivity, cost, utilization																			
23) Support for public and population health																			
24) Legal aspects and risks																			
25) User training, user proficiency																			
26) Common function, information and process models																			
27) Software development and improvement priorities, end-user feedback																			
28) Product transparency																			
29) Product modularity																			
30) Lock-in, data liquidity, switching costs																			
31) Financial burden																			
32) Security																			
33) Professional credentialing																			
34) Identity management																			
35) Data quality and integrity																			
36) Process integrity																			
37) List Management																			

Key Cause  
 Contributing Cause