NBRC Topics

1. Short-term initiatives—Work to begin
   1. Definition and Measurement of Burden**
   2. Training, support, communication—Change Management
   3. Streamlined Provider note (Codable/Required)**
   4. Reducing Clinician documentation beyond notes **
   5. Electronic Prior Auth

2. Long-term initiatives—Future work
   1. Simple measures of documentation quality→ the REAL Quality of documentation **
   2. SDOH collaboration

3. Very Long—Term Innovation—Blue Sky
   1. EHR redesign **
Definition and Measurement of Burden

Author: AMIA

Collaborators: NLM, HIMSS NI and MD, AMA, ACMI, KLAS

What can be measured

Perceived, Qualitative, quantitative, etc

After definitions, identification of short term vs. long term measures

TJC might be useful for dissemination
Training, support, communication- Change Management

- **Author:** AMDIS

- **Collaborations:**
  - KLAS, AMDIS ANI, ONC (dissemination, Best Practices/Playbook),
  - Possible: EHRA, Professional associations

- **Training**
  - Training Value proposition
  - What works, e.g.
    - Functional vs workflow training, Virtual vs. in person vs. video, Inline vs. external, Who leads,
    - Handoff to Support
    - Evaluation of the training and training impact

- **Support**
  - Support Value proposition
  - Pure support vs. more build (e.g.: Sprints

- **Communication**
  - Reaching clinicians

- **White paper/sign-off of other organizations**
Streamlined Provider note (Codable/Required) **

- **Author:** AMIA ?AMA
- **Collaborators:** HIMSS MD, ONC, CMS/OBRI???, AMIA, EHRA, AMA
- **Allow Clinicians to guide note “Documentation:”**
  - Decrease time required, Increase clinical Efficiency
  - Improve Relative Information Content
  - Improve Quality of care/Patient Outcomes/Safety
  - After hours charting
  - Regulatory concerns
  - Medicolegal issues
  - Education/training/Change mangament
  - SDOH (documentation and intervention) impacts on burden
Reducing Clinician documentation beyond notes **

• Author: AMIA/HIMSS NI
• Collaborators: HIMSS MD, ANI
  • Possible: CMS, TJC
  • Totality of documentation, not just that physician or nurse.
  • NOT Shifting documentation responsibility
  • CDS, Information retrieval, Flowsheets, Med admin, orders SDOH
  • Patient centered
  • Telling the Patient story
  • Team based?
  • Clinical quality of documentation (High clinical value)
  • Health system intervention, vendor enhancements, and policy advocacy
  • Technology: Connected devices, Interoperability, EHR (Alert, Order set, Note Template, revenue cycle), Communication Tools
  • TJC: Standards, Survey, CMS engagement
Electronic Prior Authorization

• Author: HL7 (Viet)
• Collaborators: AMDIS, HIMSS, AMIA
• NPRM coming-Viet to provide information to support response
• Concern about shifting burden from staff to Provider
Simple measures of documentation quality → the REAL Quality/Clinical Value of documentation **

• Author:

• Collaborators: AMIA, AMDIS, ?Professional Associations, HIMSS MD, ?AHIMA, ?NLM (long-term research)

• Validate what we currently have
  • What can we measure
  • Single pieces of documentation

• Too broad and not sufficiently linked to burden to start at this time
SDOH

• **Owner:**

• **Collaborators:**

• Gravity Project, Sync for social

• **Future potential to create a collaborative group to interface with above**
EHR redesign (Very Long term)

• **Owner:**

• **Collaborators:** HL7 (Dave Shlossman), EHRA, HIMSS MD, AMDIS, Professional Associations

• Meet with HL7 (Dave Shlossman), EHRA, HIMSS MD
  • User Centered design opportunities
  • EHR redesign for Specialty Care
    • Specialty workgroups collaborating with EHRA to support all EHRs
  • EHR Flexibility
  • Problem Oriented Medical Documentation