25 by 5: Symposium to Reduce Documentation Burden on US Clinicians by 75% by 2025

Symposium - January 15, 2021 – February 19, 2021

https://www.dbmi.columbia.edu/25x5/
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https://www.dbmi.columbia.edu/25by5-symposium/
Symposium Goals

- Create a meeting that engages a diverse group of key stakeholders and leaders focused on reducing documentation burden
- Assess the likely potential for burden reduction within each category of documentation burden tasks
- Establish approaches for immediate (6 months), short-term (12 months), and longer term (30 months) elimination of clinical documentation burden
- Develop a 25x5 Community of stakeholders and allies to keep momentum going and to support dissemination and change
- Maximize techquity* of any proposed solutions

*defined as the consideration, design, development, and implementation of technology solutions that promote, assure and potentially enhance health equity
Leverage technology and existing data inputs where appropriate (e.g., reduce re-documentation of items already captured during other intake processes)

No erosion of care standards (e.g., quality, safety, value, efficiency, access, etc.)

Maximize clarity of proposed rules to minimize misinterpretation by health systems and providers

No wholesale shifting of work from one clinician to another clinician: seek to eliminate unnecessary documentation all together
Challenges to What and How We Document
Speakers and Topics

Panel on Policy and Reimbursement Issues

• Andrew Gettinger, MD (Chief Clinical Officer, ONC)
• Mary Greene, MD (Director, Office of Burden Reduction & Health Informatics, CMS)
• Brent James, MD (Clinical Professor (Affiliated), Dept of Medicine, Stanford University School of Medicine)

Panel on Clinical Practice and Documentation Issues

• Sharon Kirby, MSN, RN-BC (Previous Chief Nursing Informatics Officer, Department of Nursing, Mayo Clinic)
• Sherri Hess, MS-IS, BSN, RN-BC, FHIMSS (Chief Nursing Informatics Officer, Banner Health)
• Kenrick Cato, PhD, RN, CPHIMS (Assistant Professor, Columbia University School of Nursing; Nurse Researcher, NewYork-Presbyterian Hospital)
(AG) 21st century cures – changed the certification program to attest to maintenance, pediatric requirements, USCDI v2, FHIR

(MG)
- Prior authorization- must be simplified or eliminated. (DaVinci FHIR API)
- Documentation requirements – work is underway, impact must be evaluated
- Importance of getting providers clear guidance about requirements

(BJ) Selection and ranking processes need to stop, in favor only of measurement for change and learning with transparency at the front line.

(SK) Eliminate, simplify, integrate and automate (ESIA model for business process reengineering); Learn from the pandemic!

(SH) Stressed the importance of ESIA
• (Aaron) Zachary Hettinger, MD (Director of Cognitive Informatics, MedStar Health National Center for Human Factors in Healthcare)

• Kim Unertl, PhD (Associate Professor of Biomedical Informatics in the School of Medicine at Vanderbilt University)

• Susan McBride PhD, RN-BC, CPHIMS, FAAN (Professor, Program Director Nursing Informatics Graduate Program, Texas Tech University Health Sciences Center)

• Peter Chabot Smith, MD (Department of Family Medicine, University of Colorado)

• Yaa Kumah-Crystal, MD, MPH, MS (Assistant Professor of Biomedical Informatics and Pediatric Endocrinology at Vanderbilt University Medical Center)

• Lorraine Possanza, DNP, JD, MBE (Program Director, Partnership for Health IT Patient Safety)
(ZH) We need to address the usability challenges of duplicate documentation, ”siloed” notes, and readability of the output. We need to make better use of data generated through IoT, PROM, HIE.

(KU) Workflow integration and attention to who, what, why, when where, how. A research approach to session 1 comments!

(SM) Too many clicks can be balanced by need for structured data to measure and improve. There are frameworks to assess and act on the volume of clicks we require from providers of care.

(PS) There are benefits to sidekicks (scribes) following the provider, and even more to teamlets (MA, RN, trainer…) following the patient, and possibly more for teams of teams (multiple disciplines). More disruption to our systems with more complex models, but also more benefits.

(YK) There are new capabilities offered using speech recognition that can decrease the time to find relevant information in the EHR

(LP) Copy and Paste is a way to document stability, is used by everyone, but may propagate misinformation, increase cognitive requirements for the reader, and result in work arounds or usability issues.
Rich Information in the Chat!
Documentation Through a Diversity, Equity and Inclusion Lens
Leaked video shows new details of George Floyd's fatal arrest

CNN

No, he's staying put where I got him.
How different would the documentation be if it were written from the patient’s perspective?
1. Structure
2. Process
3. Outcomes
Structure

- Culture
- Organizational
- People
- Technology
Process

- Who defines the goals of documentation process
- For example, regulatory requirements
Outcomes

- Information is filtered through systems and processes
- Downstream data is biased
- Effect of data collection on analysis
Please remember, there is a lot that we don’t record that matters in healthcare.
Exemplars and Key Successes

https://www.dbmi.columbia.edu/25x5/

Symposium Series Agenda & Materials

- Friday, Jan. 15: Introduction and Current Challenges Related to What We Document (1-3 pm ET)
- Friday, Jan. 22: Current Challenges Related to How We Document (1-3 pm ET)
- Friday, Jan. 29: Exemplars and Key Successes (1-3 pm ET)

Session Leaders: Kenrick Cato, PhD, RN, CPHIMS (Assistant Professor, Columbia University School of Nursing; Nurse Researcher, NewYork-Presbyterian Hospital) and Karthik Natarajan, PhD (Assistant Professor in the Department Biomedical Informatics at Columbia University)

Download De-identified Session 3 Chat Here

- Introduction • Video
- Exemplars panel
  - CDARS – Clinical Data Analysis and Reporting System: NT Cheung (Chief Medical Informatics Officer, Hong Kong's Hospital Authority) • Video • Slides
  - NHSX: Natasha Phillips, RN (Chief Nursing Information Officer NHSX, London, England, United Kingdom) • Video • Slides
- HL7: Viet Nguyen, MD (Founder, Stratametrics; Technical Director, HL7 Da Vinci Project) • Video • Slides
- Evidence-Based Documentation: William Dan Roberts, PhD (Vice President Care Delivery and Performance at HCA)

Exemplar Session Leaders:
Kenrick Cato, PhD, RN, CPHIMS (Assistant Professor, Columbia University School of Nursing; Nurse Researcher, NewYork-Presbyterian Hospital)
Karthik Natarajan, PhD (Assistant Professor in the Department Biomedical Informatics at Columbia University)
25x5: An international perspective on challenges and opportunities
Dr Natasha Phillips, National CNIO, NHSX
29 January 2021

Natasha Phillips, RN (Chief Nursing Information Officer NHSX, London, England, United Kingdom)

Evidence-Based Clinical Documentation: Practice and Performance
Wm. Dan Roberts, RN, ACNP, PhD
Vice President Care Delivery and Performance
@WmDanRoberts

William Dan Roberts, PhD (Vice President Care Delivery and Performance at HCA Healthcare)
Bonnie Adrian, PhD (RN-BC, Research Nurse Scientist, Clinical Informatics, UC Health)

Adam Wright, PhD, FACMI, FAMIA, FIAHSI (Professor Department of Biomedical Informatics, Vanderbilt University)

Subha Airan-Javia, MD (CEO & Founder CareAlign.AI; Associate Professor of Clinical Medicine, University of Pennsylvania)

Helen Palomino, LCSW (Chief Executive Officer, The Cancer Resource Center of the Desert)
Take-Aways

- Exemplars are doing excellent work, with tangible results

- Broad learning, dissemination, and spread to other providers/health systems are not happening
  - Spread to Vendors and Policy/Advocacy groups also not apparent

- International groups do not have the same reimbursement and regulatory constraints, but still experience burden and are focused on decreasing “size” of EHR content and notes
25x5 Survey Results

• Majority (80.3%) experienced telehealth expansion and preferred that it remain permanent
  • Rated moderately high in impact (60.1-61.5)

• Over two-thirds (67.9%) experienced telehealth coding changes for E&M
  • Rated lower impact than telehealth strategies alone (55.8)

• Majority supported *additional* documentation strategies associated with:
  • EHR usability (e.g., eliminating alerts, login optimization, EHR optimization sprints, and monitoring and improving EHR use measures)
  • Data entry (e.g., documenting only pertinent positives, device integration/efficient data capture)

• Less support for shifting work to ancillary staff (e.g., documentation assistance, medication reconciliation)

• Variability in perception and experience of documentation burden (e.g., templates charting by exception)
Two weeks of work involving over 100 participants in 19 breakout groups => LOADS of data
Methods for Synthesis of Actions & Recommendations

82 Action Items

4 Themes

- Accountability
  - “Not working in silos”
  - Clarity of roles
  - Cohesive understanding/requirements among agencies and stakeholders

- Evidence matters
  - Evidence-based practice informing measures
  - Generation of evidence
  - Clinician input

- Education and training
  - Documentation requirements and standards
  - Brevity and clarity training for new clinicians
  - Focus on quality over quantity
  - Incentivize training

- Innovation of technology
  - Integration of tech variety
  - Increased interoperability

3 Stakeholder Groups

1. Provider and Health System Calls to Action
2. Vendor Calls to Action
3. Policy Advocacy Calls to Action
### Accountability

**Reinforcement**
- Federal policy supports the need for accountability in the areas of regulation and data quality measures (P).  
- President’s Executive Order on data quality.
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**Regulatory**
- Federal agencies are required to establish data quality measures (P).
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**Quality**
- Data quality measures are established for the purpose of ensuring the accuracy, completeness, and reliability of data (P).
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**Usability**
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**Interoperability**
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**Self-assessment**
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**Standards**
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### Core Values

- Federal agencies must establish and maintain a framework for the development and assessment of data quality measures (P).
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### Case Studies

- Case Study: The New York City Department of Health and Mental Hygiene (NYC DOHMH) (P).
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### General Principles

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### Conclusion

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### References

- Reference 1: Title, Author, Year.
- Reference 2: Title, Author, Year.
- Reference 3: Title, Author, Year.
- Reference 4: Title, Author, Year.

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### Figures

- Figure 1: Title.
- Figure 2: Title.
- Figure 3: Title.
- Figure 4: Title.

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### Tables

<table>
<thead>
<tr>
<th>Data Quality Measure</th>
<th>Description</th>
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<tbody>
<tr>
<td>Data Accuracy</td>
<td>Measures how closely the data values correspond to the actual values.</td>
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<tr>
<td>Data Completeness</td>
<td>Measures the proportion of data values that are complete.</td>
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<tr>
<td>Data Consistency</td>
<td>Measures how well the data values are consistent with each other.</td>
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<tr>
<td>Data Relevance</td>
<td>Measures how well the data values are relevant to the intended use.</td>
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### Appendix

- Appendix A: Additional data quality measures.
- Appendix B: Data quality measures for specific industries.
- Appendix C: Best practices for implementing data quality measures.
- Appendix D: Case studies and successful implementation strategies.
Call to Action: **Providers/Health Systems** should…

**Accountability and Evidence**
- Establish guiding principles for adding documentation to EHR with multidisciplinary collaboration led by clinician experts
- Generate evidence for reduced documentation and impact on risk/compliance and removing documentation that isn’t positively impactful

**Education and Training**
- Develop and host national roadshow; directed towards professional clinicians & clinicians in training
- Med Student & Resident education: Universities and Health Centers to train brevity in addition to completeness

**Technical Innovation**
- Expect/support real time information retrieval, documentation, and ordering
- Implement interdisciplinary notes/team-based documentation
Call to Action: Vendors should ...

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<tr>
<th>Accountability and Evidence</th>
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<tr>
<td>Promote ecosystem of interoperable systems to allow for complementary technology beyond single EHR vendor</td>
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<td>Develop metrics to review and grade a user’s documentation based on length/efficiency/redundancy; provide ongoing user feedback and peer benchmarking</td>
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<th>Education and Training</th>
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<tr>
<td>Package best training practices into toolkits to promote user’s workflow revisioning and “best practice” EHR use</td>
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<tr>
<td>Plan recognition programs and publicize exemplars to incentivize the sharing of documentation burden reduction success stories</td>
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<tr>
<th>Technical Innovation</th>
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<tr>
<td>Create simplistic EHR views to see that new clinical data has been reviewed - then bookmark for user and document as reviewed by that user in the EHR</td>
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<tr>
<td>Implement personalized CDS with AI to drive user-specific workflows and care recommendations</td>
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Call to Action: Policy/Advocacy Groups should...

**Accountability and Evidence**
- Urge NIH (NLM, PCORI), AHRQ, ONC, & NIST to do & fund research related to capturing all coding information (E&M & CPT, etc.) w/o engaging any clinician time
- Means: Payers to clarify & unify rules; develop data handoff ‘handshakes’; create prior authorization call centers; assume responsibility for code validation

**Education and Training**
- Select ‘best of breed’ & implement systems throughout the Health Care System
- Means: mixture of public & private funding

**Technical Innovation**
- Develop technology to reliably & accurately create reimbursement/payment data for all care settings w/o clinician engagement
- Means: A/V components in care settings to capture all information relevant to coding & note generation
Key Takeaway Points –

• 25x5 Symposium brought together stakeholders to consider how to reduce documentation burden by 75% in 5 years
  • Presentations from 33 formal stakeholder representatives

• Documentation burden has numerous contributing factors
  • Work to date has untangled contributors to burden
  • We have presented several action-oriented next steps
  • We found exemplars from other industries and clinical settings
  • Next steps will involve working with providers/health systems, HealthIT vendors, and national policy/advocacy groups
• Where are we?
  • All recordings and chats from Symposium Series are available online
  • Breakout outputs => draft action plan
  • Multiple national report-outs – including CIC!

• What is Next?
  1. Develop 25x5 Reports focused on Future Needs and Action Plan
     • Executive Summary
     • Full report - Cohesive, overall action plan to fine-tune the actions
     • Peer-reviewed and White Papers
  2. Create Network of Allies
     • Ongoing Dissemination Activities & Conversations
       • ACMI, ONC, HIMSS, OHSU, NLM, NYONEL’s, AMA, NLM, NAM...
  3. Convene Key Stakeholders From Community to Mobilize Strategies Nationally (e.g., NAM, CMS, ONC, AMA, ANA)
     • Convening Sessions for Strategic Planning
     • Formation of Working Groups
     • Future Activities and Reports
• 25x5 Current challenges
  • Sustaining the momentum
  • Resources for:
    • Generating and disseminating reports
    • Building partnerships
    • Educational efforts at national level
    • Policy/Advocacy
    • Measurement
  • Focus
  • Single point of contact for
    • Centralized communication
    • Planning dissemination/engagement
  • Partnering with organizations to overcome these challenges
Thank you!

https://www.dbmi.columbia.edu/25x5/