Efforts to Reduce Clinician Burden: Success, Partial Success, or a Future Not Yet Realized

Monday, March 29, 12:30 – 1:30 p.m.

Andy Gettinger, MD, ONC, Moderator
Thomas Mason, MD, ONC, Moderator
Peter Basch, MD, MACP, MedStar Health
Sarah Collins Rossetti, RN, PhD, FAAN, FAMIA, Columbia University Medical Center
Yaa Kumah-Crystal, MD, MPH, Vanderbilt University Medical Center
Jackie Gerhart, MD, FAAFP, Epic and The University of Wisconsin
Summary: 21st Century Cures Act 4001 (a) Reduce Clinician Burden

Goal: The Secretary of Health and Human Services shall establish a goal, strategy and recommendations with respect to the reduction of regulatory or administrative burdens (such as documentation requirements) relating to the use of electronic health records. Strategies to reduce clinician burden include Health IT Usability and the User Experience, EHR Reporting, Public Health Reporting, and Clinical Documentation.

Chief burdens reported by stakeholders:
- Billing-related documentation “note bloat”
- Prior authorization
- Quality measurement
- Poor user experience with health IT and clinical workflow
- Too much time outside of patient care spent on electronic records
- PDMPs poorly integrated into EHRs

Health IT Usability and the User Experience
- Improve alignment of EHRs with clinical workflow.
- Promote user interface optimization in health IT.
- Promote harmonization surrounding clinical content contained in health IT.
- Promote the importance of implementation decisions.

EHR Reporting
- Simplify program reporting and incentivize new approaches that are easier and provide better value to clinicians.
- Reduce administrative and financial burdens associated with quality and EHR reporting programs.
- Improve electronic clinical quality measures.

Public Health Reporting
- Increase provider PDMP query for the retrieval of medication history from a state PDMP.
- Increase adoption of EPCS.
- Develop a process to address the issue of inconsistent data collection.
- Expand upon existing guidance about HIPAA requirements governing SUDs.

Clinical Documentation
- Reduce regulatory burden around documentation requirements for patient visits.
- Clinician partnership – encourage adoption of documentation best practices.
- Standardize data and processes around ordering services and related prior authorization processes.

Reducing Clinician Burden – E/M Reform is a First Step…

Towards the Goal of Enhancing Value

Peter Basch, MD, MACP
MedStar Health
We Are Here….
We Started Here…

• Pre-EHR Sources of Burden (pre-existing conditions)

• Administrative
  • Formulary
  • Referrals
  • Prior auth

• Documentation Evaluation and Management (E/M) Coding Guidelines

“I spend more time on paperwork than I do with patients!”
E Pluribus Duo

Administrative Burdens

Evaluation and Management Documentation “Guidelines”

- Defined non-procedural services by what was documented (format and amount)
- Failure to create compliant notes = billing fraud
  - Fines, prison, permanent exclusion from Medicare
- Clinical notes within paper records became ugly / illegible hybrids
- EHRs to the “rescue!”
  - “NEVER fear failing a coding audit!”
    - A weakness of paper = a strength of computers
  - In rescuing clinicians from the damage imposed by E/M guidelines / fear of facing an E/M audit – EHRs doomed themselves to what we see now
    - A frustrating user interface
    - Support of billing (meaning support E/M coding), over patient care
    - An ugly / legible output
  - And what we don’t see now…the EHR even close to realizing its full potential – using information to enable better and safer care
- Conclusion of the 1st ACP-AMA-EHRA Usability Summit – there is NO path forward to improving usability without first addressing E/M guidelines
A Hopeful Start to a Challenging Year – E/M Reform

- Coding Burden (and Time)
  - Less
  - Coding guidance is simpler / intuitive
  - It is liberating to see CMS state that the note content is up to the clinician’s determination of medical appropriateness

- Documentation Burden / Time
  - Note author: Burden – less; Time +/-
  - Note reader: Burden and Time – Less!

- Email received on a Friday about 6:30pm
  “It's so nice to not have to bean count the ROS and HPI just to support the appropriate billing level. It’s only February, but I’ve already noticed…more of my day focused where it should be, on the patient; and none of it with note backfill with garbage. I’ve been in practice for 30 years, and it’s been a long time since I could read, understand, and be proud of my notes…. BTW, notice the time (6:30)...I saw a full schedule of patients with very complex issues, and I am done with notes for the weekend.”

Thank you, CMS, ONC, AMA consortium, ACP, and everyone else who has helped to bring us to this day!
Low Burden / High Value – A Future Not Yet Realized

• For E/M reform to realize its potential
  • Clinician education
  • EHR modifications / support
  • “Socialize” the concept that reducing documentation burden is much more than reducing the burden of note authoring
  • Reform currently only applies to outpatient
• Administrative burden still needs to be addressed (as do other sources of burden)
• The future should be as free of burden (as possible) for patients, clinicians, and non-clinical staff… but we sell ourselves short if our vision is limited to the absence of a negative
  • “We fixed all EHR-related issues, so we are once again as good as we were on paper!”
• The future must pivot to “information-enhanced” care
  • Less burden
  • More value
  • Better experience of care for patient and clinician
Decreasing Documentation Burden: A Path to Illuminate Valuable Nursing Documentation Signals

Sarah Collins Rossetti, RN, PhD, FACMI, FAMIA
Columbia University Medical Center
The likelihood of an event occurring 48 hours after observing a CONCERN high risk score is comparable to the likelihood of an event occurring 6 hours after observing a high risk MEWS or NEWS score – a difference of 42 hours.
Project Joy at UCH Health in Colorado

Bonnie Adrian, PhD RN-BC
Clinical Informatics Research Nurse Scientist
Bonnie.Adrian@uchealth.org

~2500 inpatient RNs,
~16,000 shifts

496 Flowsheet rows eliminated

18 Fewer minutes in flowsheets per inpatient RN 12 hour shift (21% reduction)

64,800 RN hours worth over $2.8M annually

360 Million fewer “clicks” a year

Workflow analyzer results, charting same real patient case before and after.

Lack of Clarity

“Gotcha” Mentality

4 Key Clinical Values are Missing Because of this Cycle of Burden:

1. Personalized Nurse Care Planning
2. Opportunities for Higher Level Clinical Decision Making
3. Capture and Synthesis of the Patient’s Story
4. Communication of Key Patient Information to the Interdisciplinary Care Team

Different interpretations

“Cover your butt”

Fear of Litigation
Clinical Decision Support or Clinical Documentation Support???

<table>
<thead>
<tr>
<th>CDS Recommending to…</th>
<th>% (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document a Plan of Care Template</td>
<td>21% (9)</td>
</tr>
<tr>
<td>Order a Consult</td>
<td>17% (7)</td>
</tr>
<tr>
<td>Perform a Care Activity to Impact Clinical Outcomes</td>
<td>12% (5)</td>
</tr>
<tr>
<td>Document a Quality/Compliance Measure</td>
<td>12% (5)</td>
</tr>
<tr>
<td>Document Required Item to Task List</td>
<td>12% (5)</td>
</tr>
<tr>
<td>Perform a Care Activity to Impact Clinical Processes</td>
<td>10% (4)</td>
</tr>
<tr>
<td>Review an Order</td>
<td>7% (3)</td>
</tr>
<tr>
<td>Document Missing Required Documentation</td>
<td>5% (2)</td>
</tr>
<tr>
<td>Document Patient Education</td>
<td>5% (2)</td>
</tr>
</tbody>
</table>

Wisdom
Understanding and internalization

Knowledge
Derived by discovering patterns and relationships between types of information

Information
Data plus meaning

Data
Little or no meaning in isolation

DIKW Framework for Nursing CDS (ANA 2008; Matney, 2011)

Opportunities to Promote Top of Licensure Nurse Decision Making


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Assistant Professor of Biomedical Informatics and Nursing Columbia University
S. Trent Rosenbloom, MD, MPH, FACMI
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Discussion and Thank You!

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Is It Worth Your Breath?  
Voice Recognition as Data Entry

Yaa Kumah-Crystal, MD, MPH  
Vanderbilt University Medical Center
Fourscore and seven years ago our fathers brought forth, on this continent, a new nation, conceived in liberty, and dedicated to the proposition that all men are created equal.

Now we are engaged in a great civil war, testing whether that nation, or any nation so conceived, and so dedicated, can long endure.

We have come to dedicate a portion of that field, as a final resting-place for those who here gave their lives, that that nation might live.

It is altogether fitting and proper that we should do this.

But, in a larger sense, we cannot dedicate, we cannot consecrate— we cannot hallow—this ground. The brave men, living and dead, who struggled here, have consecrated it far above our poor power to add or detract.

The world will little note, nor long remember what we say here.
Fourscore and seven years ago our fathers brought forth, on this continent, a new nation, conceived in liberty, and dedicated to the proposition that all men are created equal. Now we are engaged in a great civil war, testing whether that nation, or any nation so conceived, and so dedicated, can long endure. We are met on a great battlefield of that war. We have come to dedicate a portion of that field, as a final resting-place for those who here gave their lives, that that nation might live. It is altogether fitting and proper that we should do this. But, in a larger sense, we cannot dedicate, we cannot consecrate—we cannot hallow—this ground. The brave men, living and dead, who struggled here, have consecrated it far above our poor power to add or detract. The world will little note, nor long remember what we say here, but it can never forget what they did here. It is for us the living, rather, to be dedicated here to the unfinished work which they who fought here have thus far so nobly advanced. It is rather for us to be here dedicated to the great task remaining before us—that from these honored dead we take increased devotion to that cause for which they gave the last full measure of devotion—that we here highly resolve that these dead shall not have died in vain.
Burnout
Work of Creating a Note vs Art of Creating a Story

Content required for text
Formatting required for the text
Retrievability of the text
Synthesis
The real problem...
Clinicians: Empowered
Decrease Burden, Increase Happiness

Jackie Gerhart, MD
Epic
My patient is my primary focus
I have less administrative burden
Data is synthesized for me
Technology simplifies care for me
Our team works at the top of our licenses
I can care for patients right from my phone

Empower me to do my best work.
Stop Double-Documenting

Office Visit

Drew Walker, M.D.  
Family Medicine

Fatigue
Patient complains of fatigue. Symptoms of her fatigue include general malaise, fatigue with paradoxical insomnia, anorexia, lack of interest in usual activities, decreased libido, headaches. Symptoms began several months ago. Principle symptom the patient associates with the start of the fatigue: cold intolerance, constipation and change in hair texture. Patient describes the following psychologic symptoms: stress in the family, moderate. Patient denies fever, symptoms of arthritis, unusual rashes, GI blood loss. The course has been gradually worsening. Severity described as causing him to struggle to carry out day to day responsibilities. Patient has a daughter and grand child living with her. The daughter works evenings and leaves child care to grandma. She is a light sleeper and hears the baby at night and feels like daughter is slow to get up a care for the child. She has felt exhausted many days.

Review of Systems
Constitutional: Positive for **fatigue**. Negative for appetite change, fever and unexpected weight change.
HENT: Negative for hearing loss and trouble swallowing.
Respiratory: Negative for cough and wheezing.
Cardiovascular: Negative for chest pain.
Gastrointestinal: Negative for abdominal pain, diarrhea and vomiting.
Genitourinary: Negative for dysuria and vaginal discharge.
Musculoskeletal: Positive for **joint swelling**. Negative for neck pain.
Skit: Negative for rash.
Neurological: Negative for dizziness.
Hematological: Negative for adenopathy.

4/19/2019  
Verona Medicine Clinic

Orders Placed
Rap Smear with HPV co-testing  
TSH - in 3 months  
Vascular Surgery Referral Pending Review

Medication Changes
Levothyroxine Sodium 125 mcg Oral Daily

Visit Diagnoses
Fatigue - PMR
Cervical cancer screening
Hypothyroidism

Problem List

492 characters

4,213 characters
Use Voice, Go Mobile
Understand Costs and Quality

My Quality Measures

- Hemoglobin A1c Control: 75%
- Blood Pressure Control: HTN: 73%
- Cervical Cancer Screening: 85%
- Breast Cancer Screening: 78%
- Childhood Immunization Status: 88%
- ACE Inhibitor or ARB Therapy: 96%
- Monitoring Medications: 76%
- Tobacco Use Screening: 78%
- Depression Screening: 68%

Preliminary Patient Estimate
for Scott Adams seen on 3/22/2021

Orders using Epic US Healthcare - Epic US Healthcare...

- EGD: $633
- Flag estimate for follow-up

Prescriptions using Epic US Healthcare (Epic US Healthcare...)
- Naxabazole (ACIPHEX) 20 mg tablet: $40 (Apothecary, 30 tablet, 30 days, $1.33/day)

Payer-Suggested Alternatives
- Esomeprazole (NEXIUM) 40 mg capsule: $5 (Apothecary, 30 tablet, 30 days, $0.17/day)

Patient portion: $633

Patient portion (per fill): $5

Accept | Cancel
Contact ONC

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