25X5 Survey: Examining Documentation Burden Reduction Strategies during COVID-19

Symposium to Reduce Documentation Burden

25x5

on U.S. Clinicians by 75% by 2025
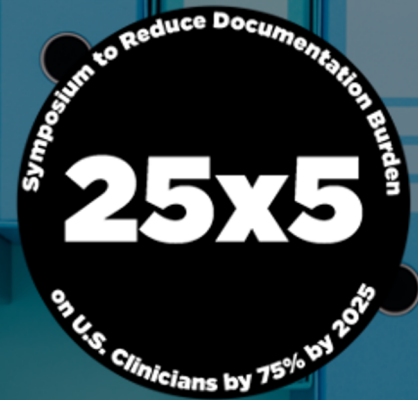
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Background

- **Goal:** assess clinician and other health care leaders' perspectives on COVID-19 related documentation changes and other strategies for reducing burden
- October - December 2020
- Response options derived from Sinsky & Linzer and other clinician and informatics experts

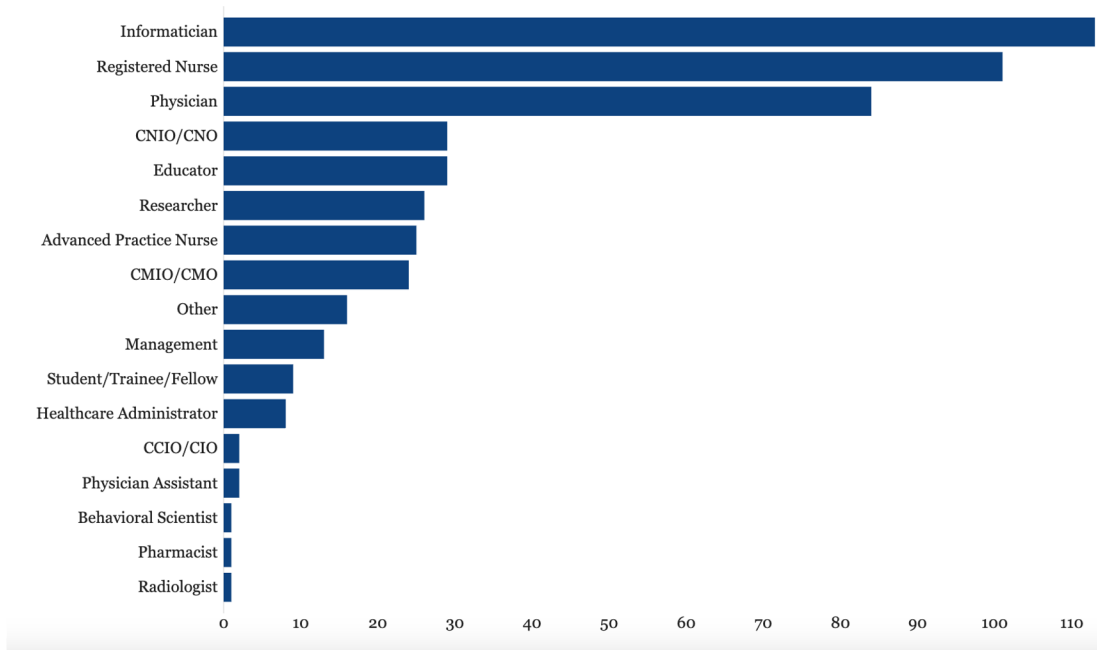By Christine Sinsky and Mark Linzer

COMMENTARY

Practice And Policy Reset Post-COVID-19: Reversion, Transition, Or Transformation?

25x5

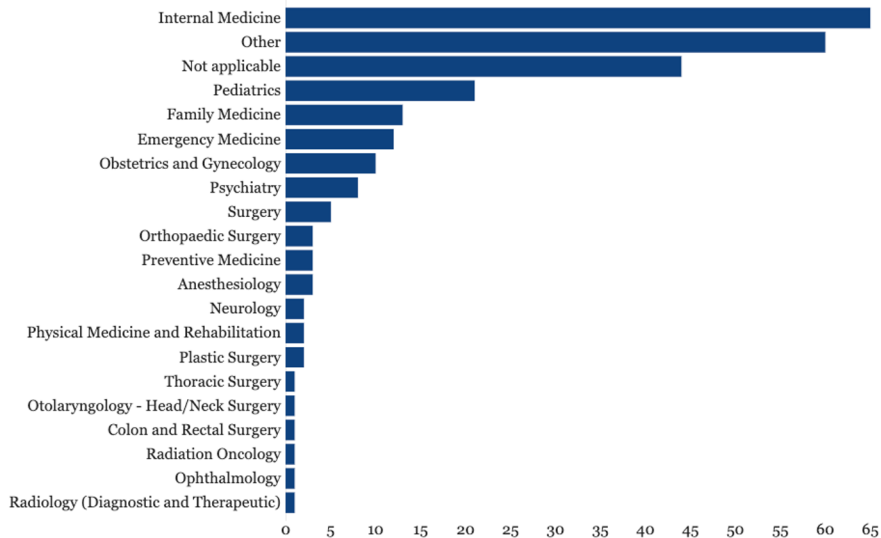Symposium to Reduce Documentation Burden on U.S. Clinicians by 75% by 2025

Demographics of Respondents (n=246)

Respondents' Professions (Up to 3 Selected)
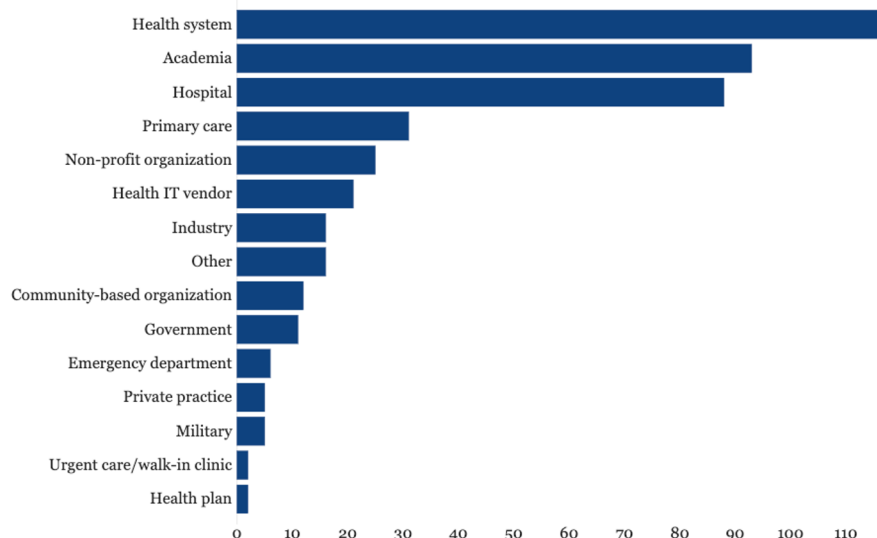
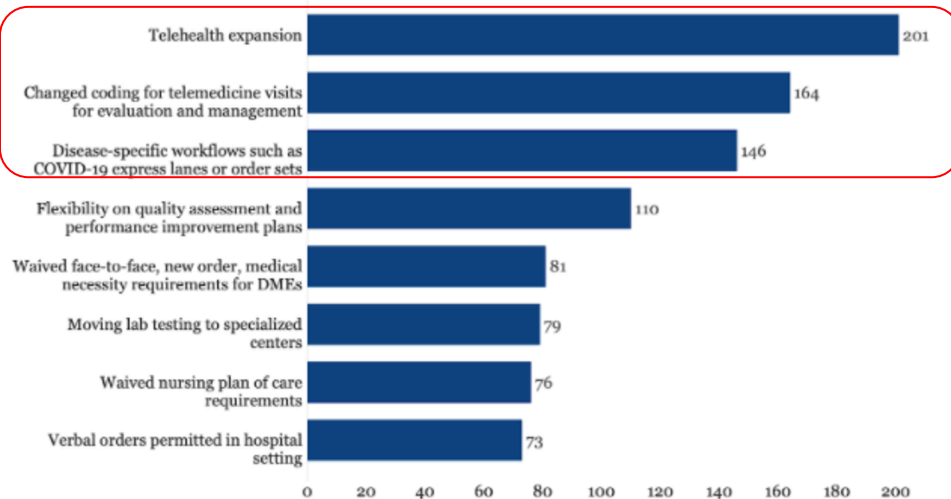# Demographics of Respondents (n=246)

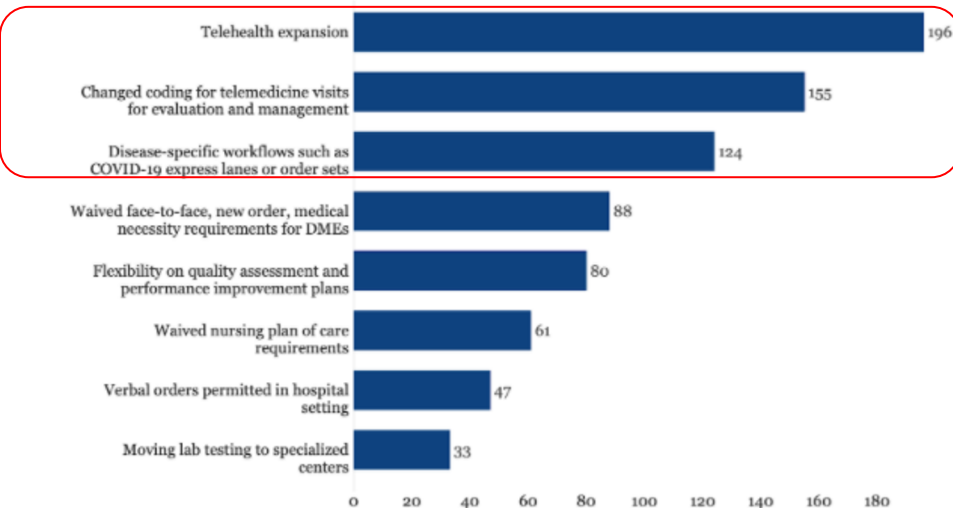
Specialty

Professional Setting (up to 3 selected)

COVID-19 Documentation Strategies

Experienced

Support Keeping in Place

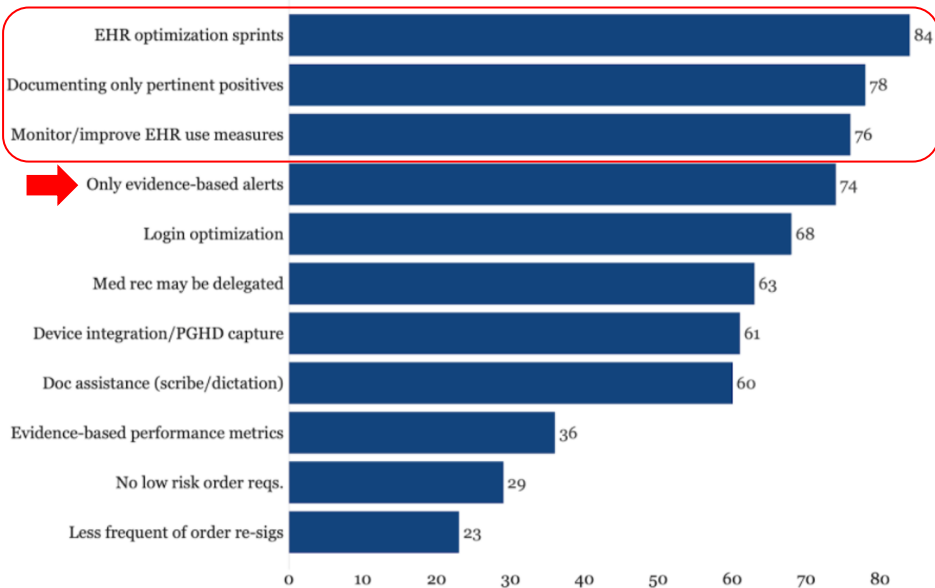# Average Projected Impact of COVID-19 Strategy for Reducing Documentation Burden

Scale from 0 - 100

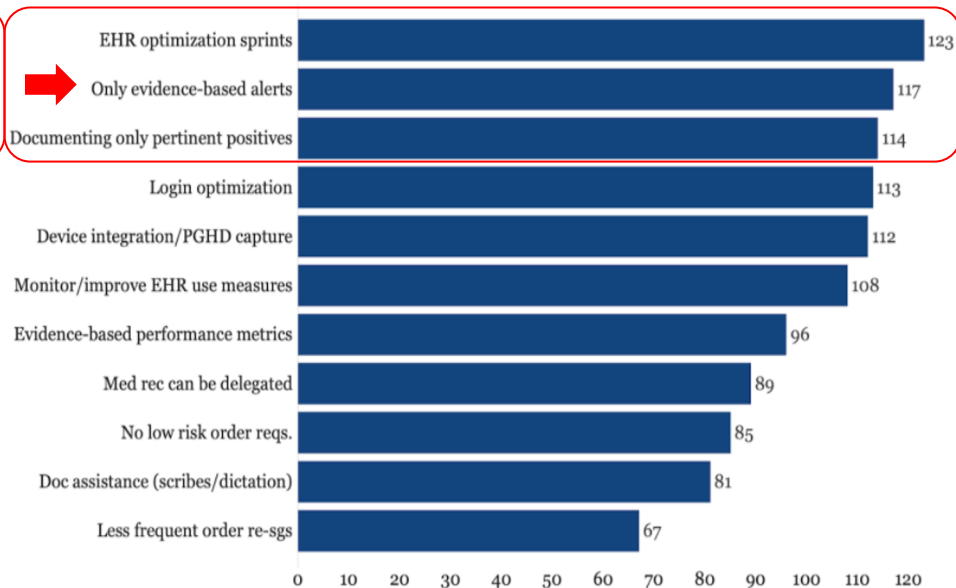| Strategy	Mean
Telehealth expansion: Provide telehealth services from home without reporting home address on Medicare enrollment	61.5
Telehealth expansion: Telehealth visit options in skilled nursing facilities and nursing facilities	61.4
Telehealth expansion: Increased access for hospitalized patients to speciality care offsite via telemedicine	60.1
Waived nursing plan of care requirements	60.1
Disease-specific workflows such as COVID-19 express lanes or order sets	57.9
Changed coding for telemedicine visits for evaluation and management	55.5
Flexibility on quality assessment and performance improvement plans	54.9
Waived face-to-face, new order, medical necessity requirements for DMEs	51.2
Moving lab testing to specialized centers	42.3
Verbal orders permitted in hospital setting	37.6

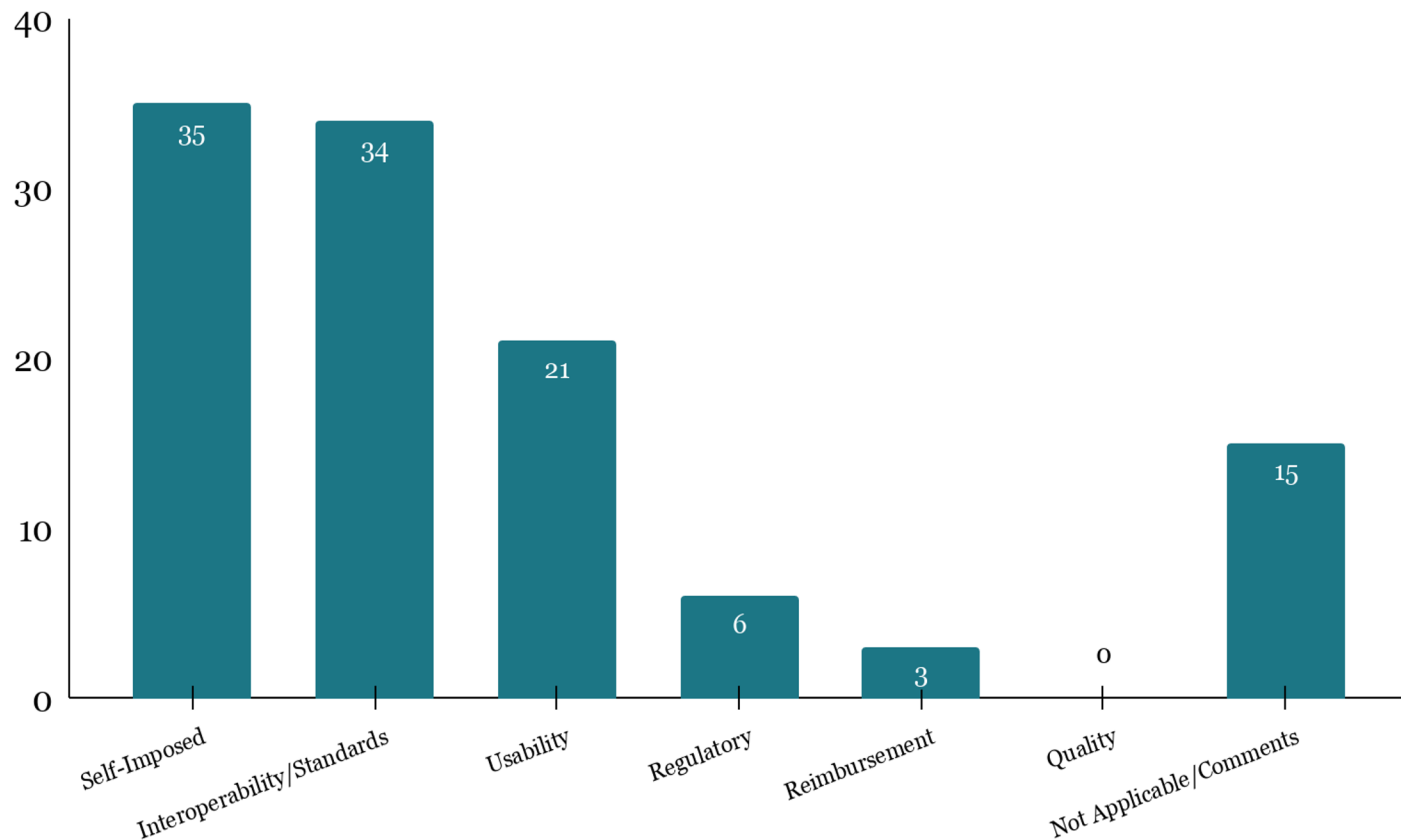# Additional Documentation Reduction Strategies

Experienced

Strategy	Value
EHR optimization sprints	84
Documenting only pertinent positives	78
Monitor/improve EHR use measures	76
Only evidence-based alerts	74
Login optimization	68
Med rec may be delegated	63
Device integration/PGHD capture	61
Doc assistance (scribe/dictation)	60
Evidence-based performance metrics	36
No low risk order reqs.	29
Less frequent of order re-sigs	23

Support Implementing

Strategy	Value
EHR optimization sprints	123
Only evidence-based alerts	117
Documenting only pertinent positives	114
Login optimization	113
Device integration/PGHD capture	112
Monitor/improve EHR use measures	108
Evidence-based performance metrics	96
Med rec can be delegated	89
No low risk order reqs.	85
Doc assistance (scribes/dictation)	81
Less frequent order re-sgs	67

Average Projected Impact of Strategy for Reducing Documentation Burden

Scale from 0 - 100

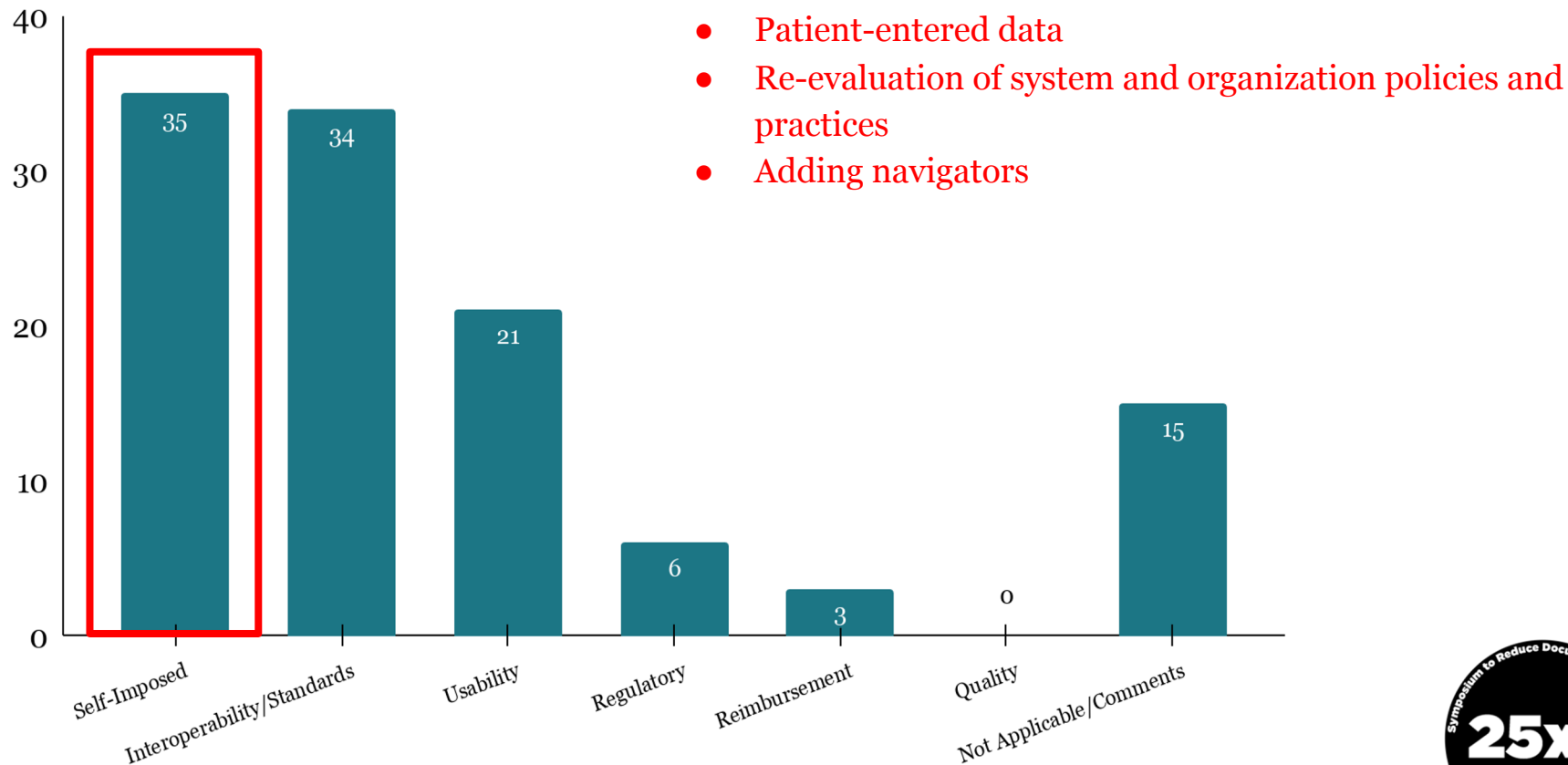| Strategy	Mean
Documenting only pertinent positives to reduce note bloat (e.g., charting by exception)	65.7
Changes to compliance rules and performance metrics to eliminate those without evidence of net benefit	65.3
EHR optimization sprints (rapid observation and improvement to EHR to meet workflow needs)	64.1
Device integration/efficient data capture (e.g., ventilators, home glucose monitoring, bluetooth scale for heart failure exacerbations)	62.3
Increased use of documentation assistance (e.g., scribes or dictation)	60.2
Monitor and improve EHR use measures (e.g., pajama time)	59.9
Eliminate alerts without evidence of net benefit	59.3
Login optimization (e.g., badge log-ins, longer timeout interval)	56.3
Medication reconciliation can be performed by clinical support staff	55.7
Elimination of order requirement for low-risk activities/interventions (e.g., fingerstick glucose)	49.2
Reduced frequency of order re-signatures	46.3

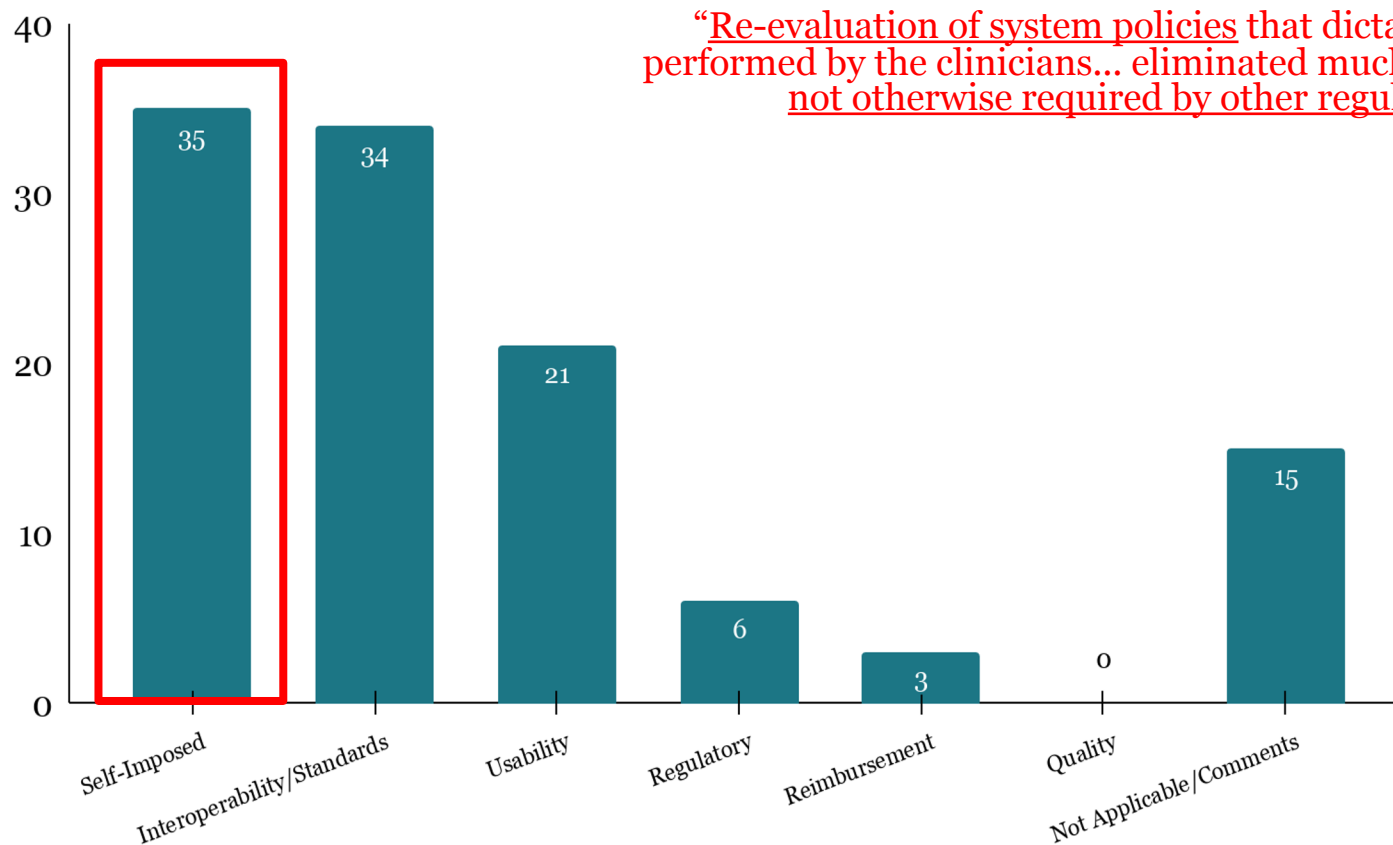Additional Clinical Documentation Reduction Experiences During COVID-19 (n=62)*

*Responses are not mutually exclusive

Additional Clinical Documentation Reduction Experiences During COVID-19 (n=62)*
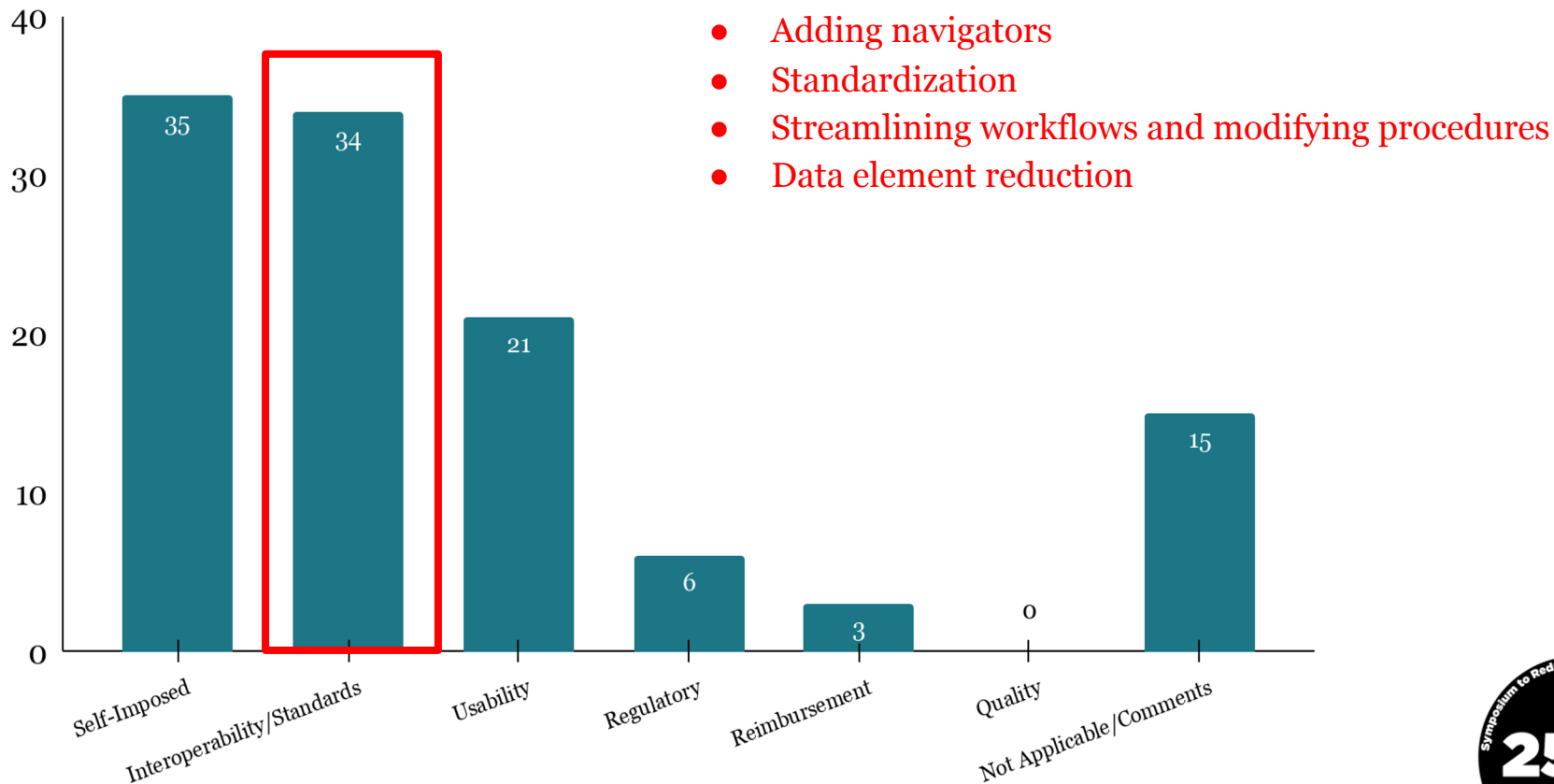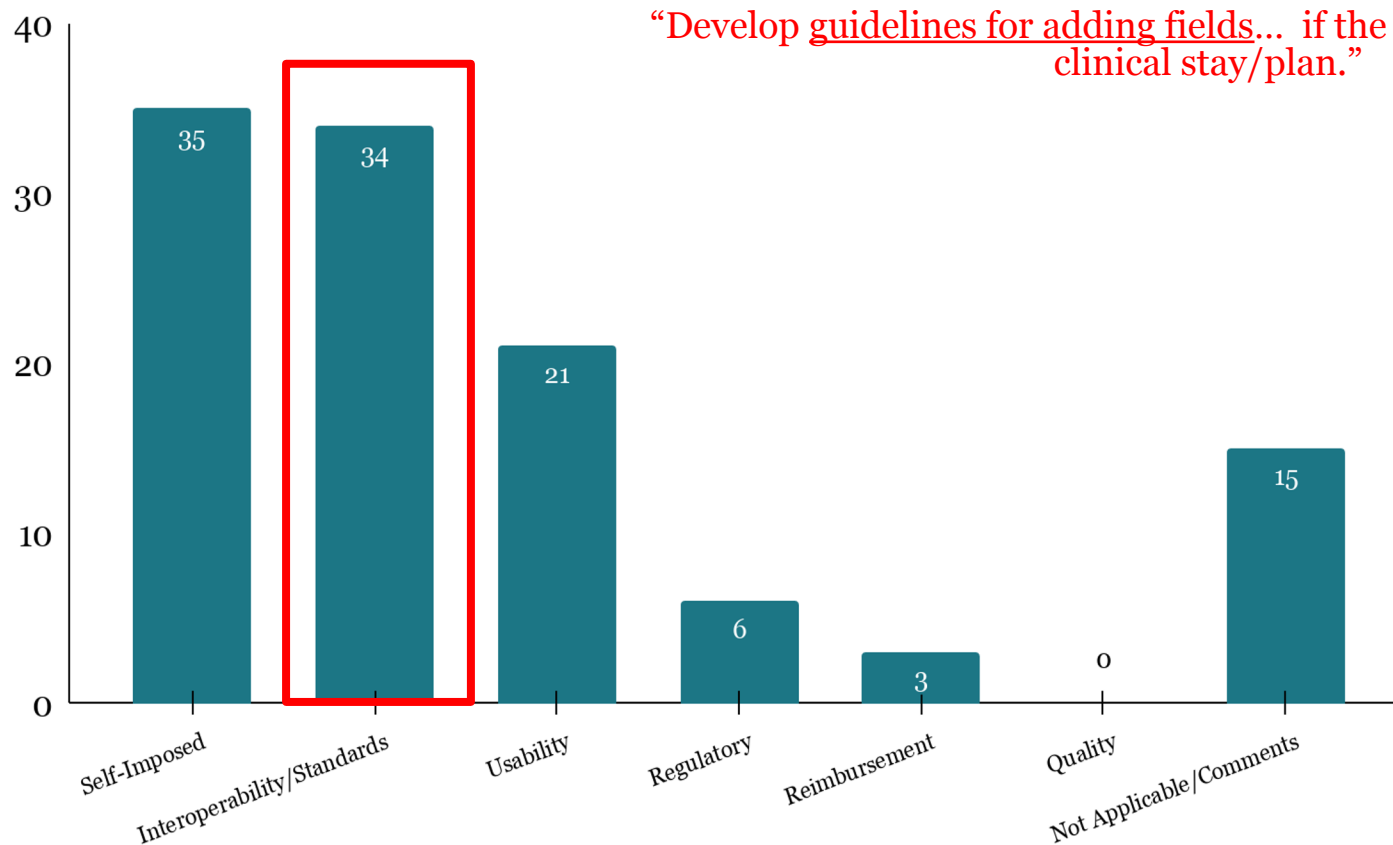

- Patient-entered data
- Re-evaluation of system and organization policies and practices
- Adding navigators

*Responses are not mutually exclusive

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Additional Clinical Documentation Reduction Experiences During COVID-19 (n=62)*

"Re-evaluation of system policies that dictate… documentation performed by the clinicians… eliminated much of the requirements… not otherwise required by other regulatory bodies."

*Responses are not mutually exclusive

Additional Clinical Documentation Reduction Experiences During COVID-19 (n=62)*

- Adding navigators
- Standardization
- Streamlining workflows and modifying procedures
- Data element reduction

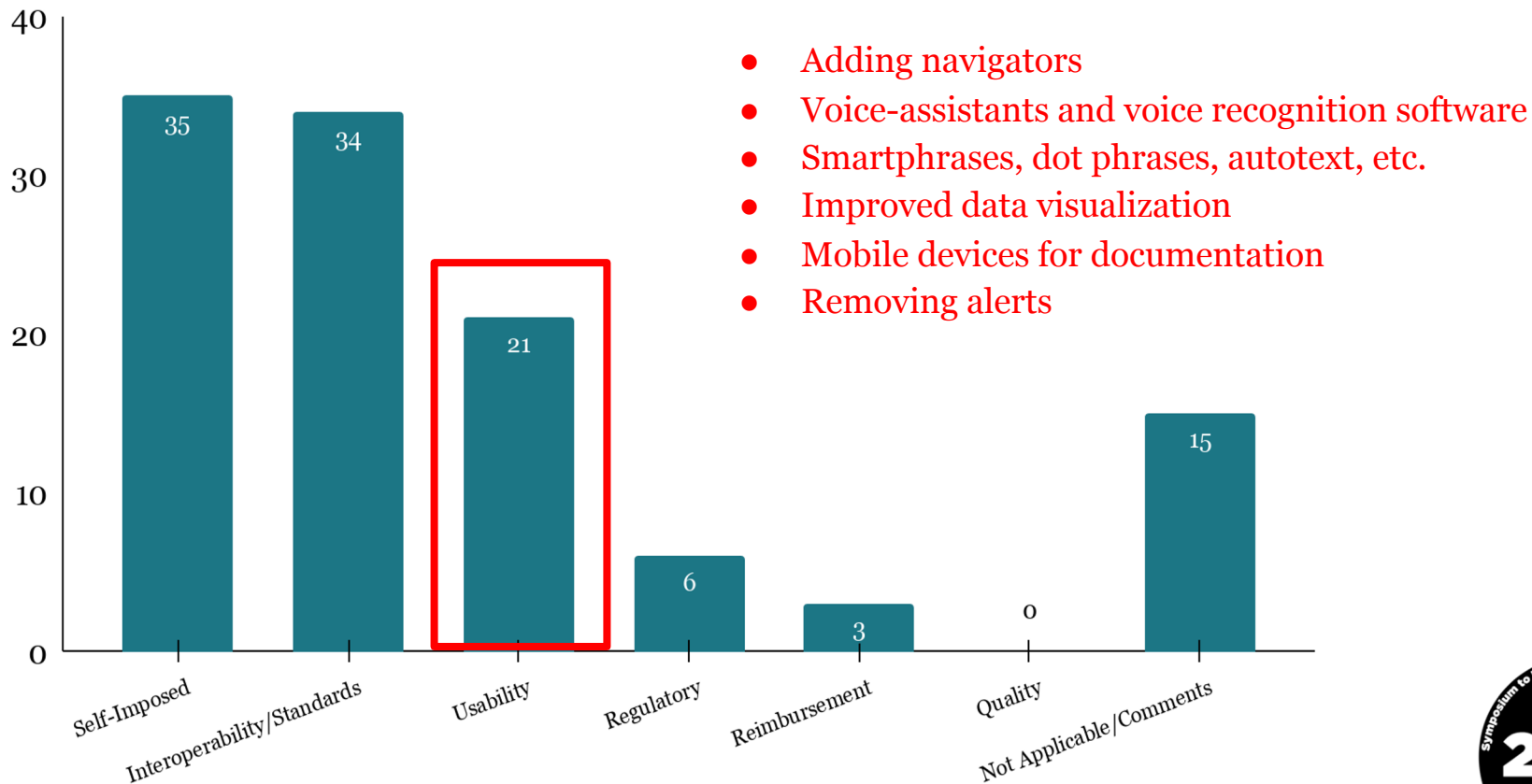*Responses are not mutually exclusive

Additional Clinical Documentation Reduction Experiences During COVID-19 (n=62)*

"Develop guidelines for adding fields... if the field... inform[s] a safe clinical stay/plan."

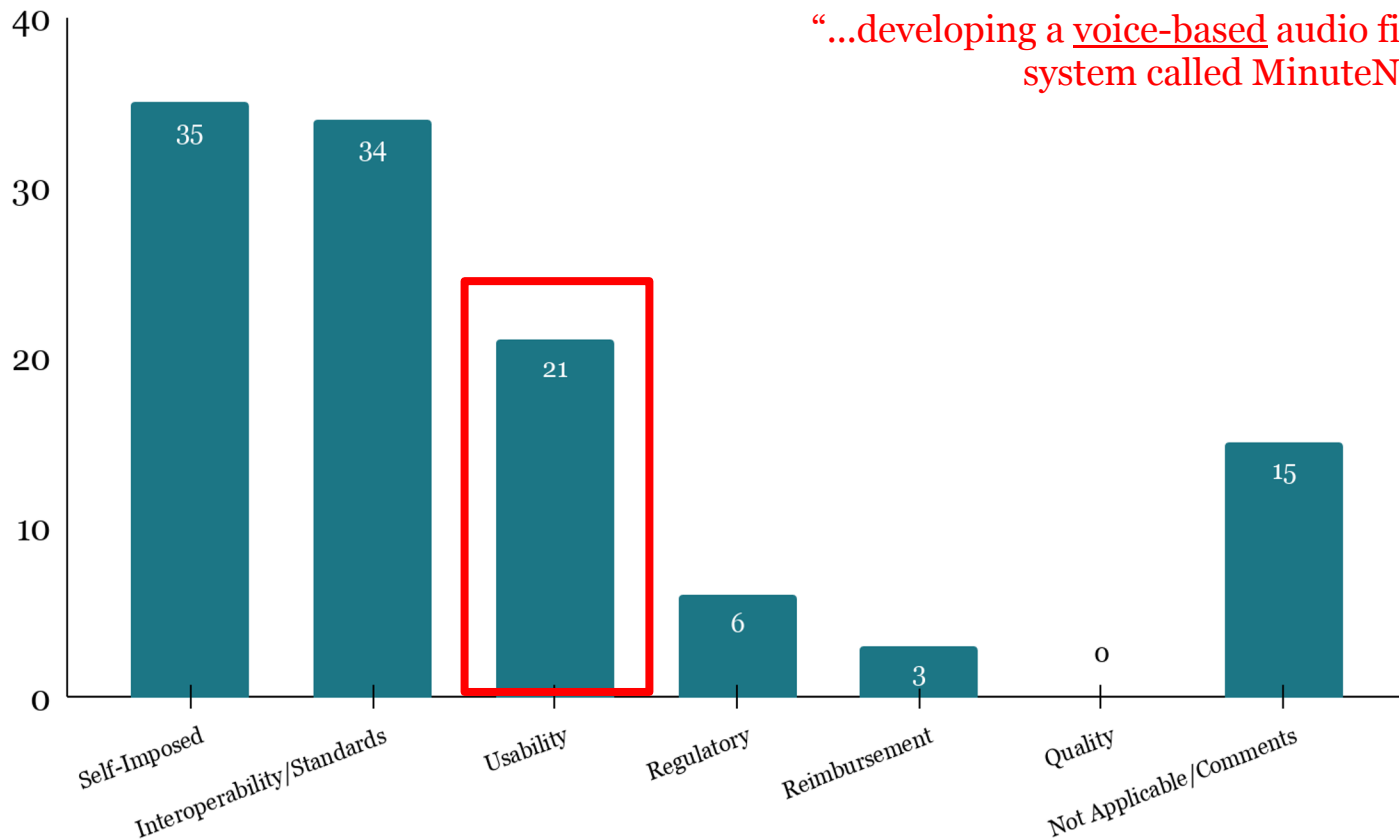*Responses are not mutually exclusive

Additional Clinical Documentation Reduction Experiences During COVID-19 (n=62)*

- Adding navigators
- Voice-assistants and voice recognition software
- Smartphrases, dot phrases, autotext, etc.
- Improved data visualization
- Mobile devices for documentation
- Removing alerts

Chart values:
- Self-Imposed: 35
- Interoperability/Standards: 34
- Usability: 21
- Regulatory: 6
- Reimbursement: 3
- Quality: 0
- Not Applicable/Comments: 15

*Responses are not mutually exclusive

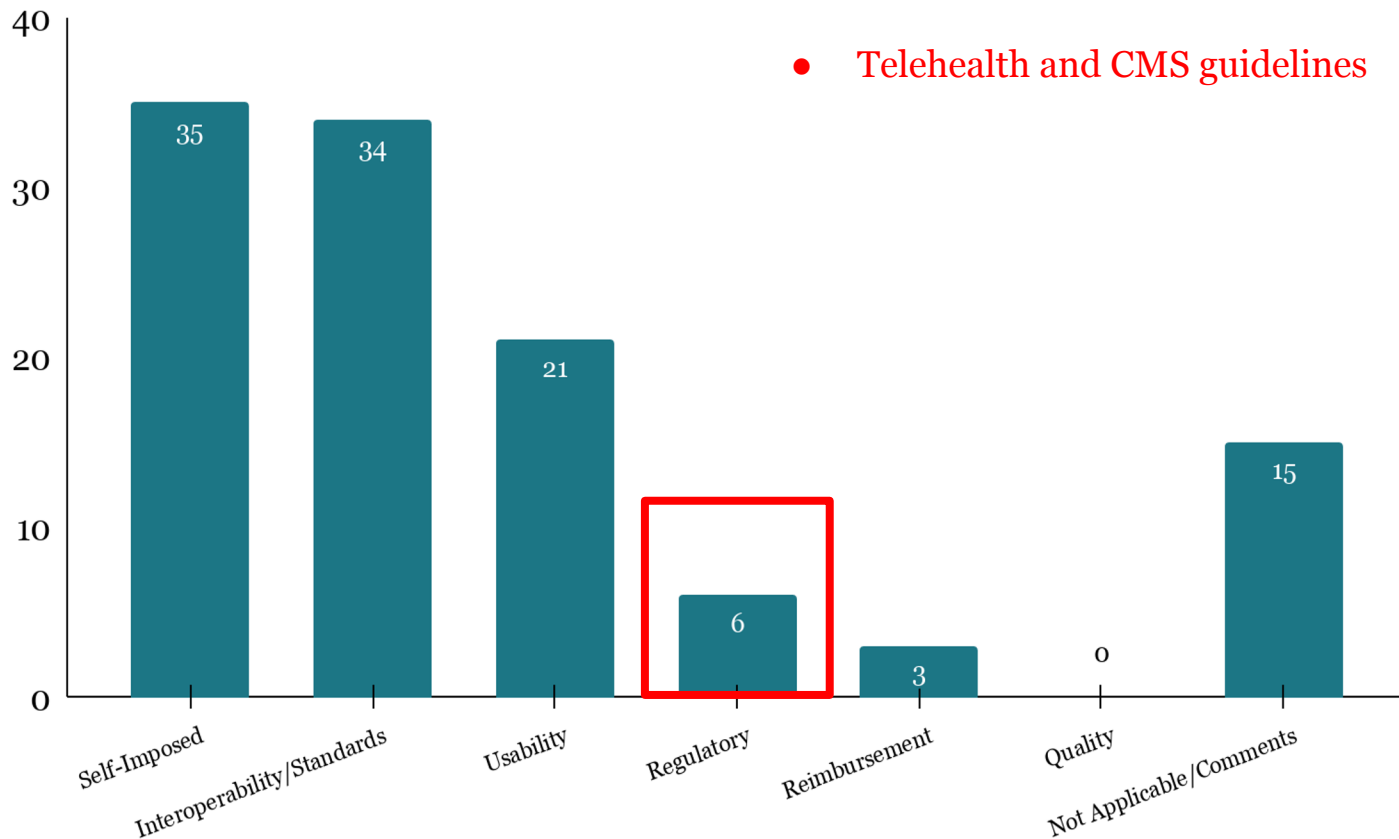Additional Clinical Documentation Reduction Experiences During COVID-19 (n=62)*

"...developing a <u>voice-based</u> audio file documentation system called MinuteNote."

*Responses are not mutually exclusive

Additional Clinical Documentation Reduction Experiences During COVID-19 (n=62)*

- Telehealth and CMS guidelines

*Responses are not mutually exclusive

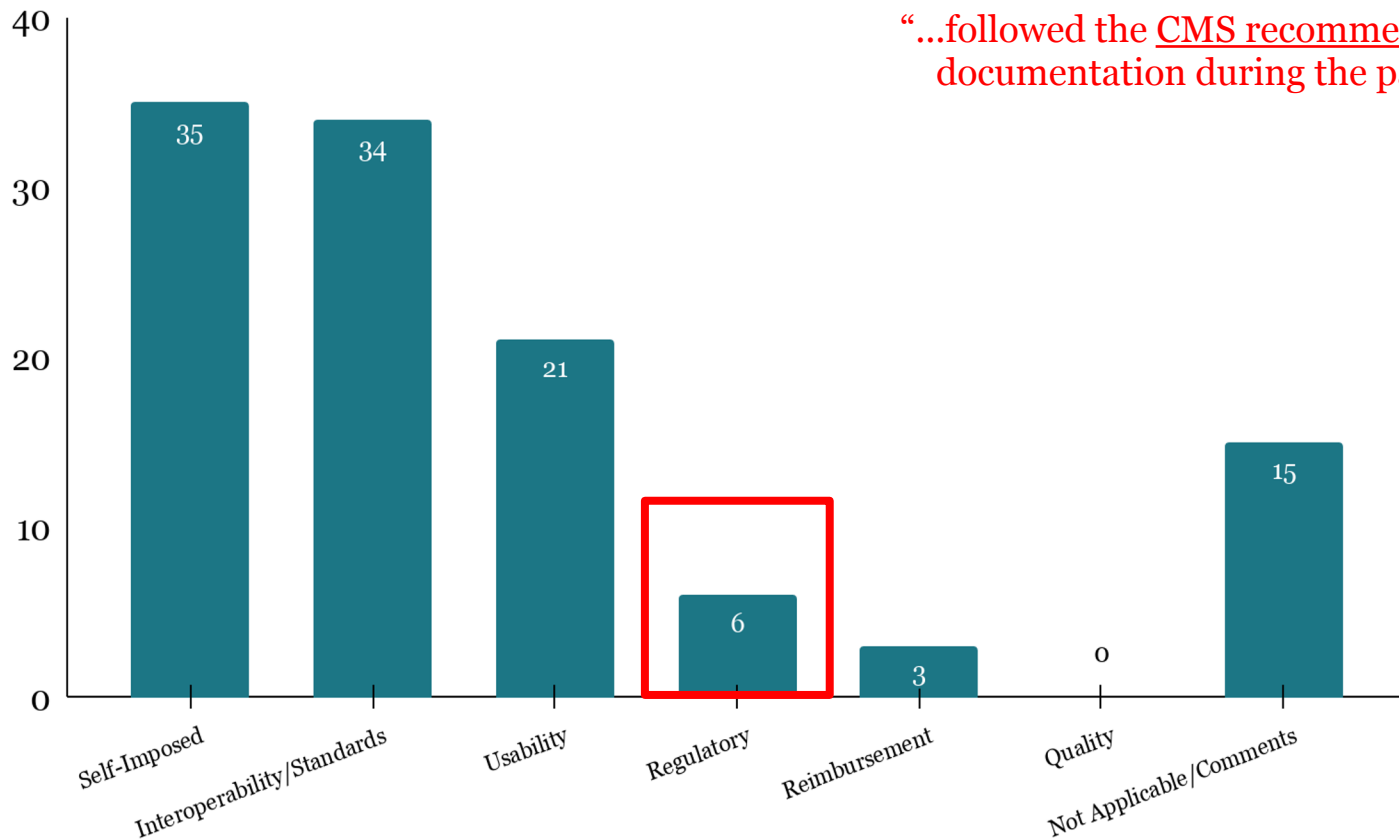Additional Clinical Documentation Reduction Experiences During COVID-19 (n=62)*
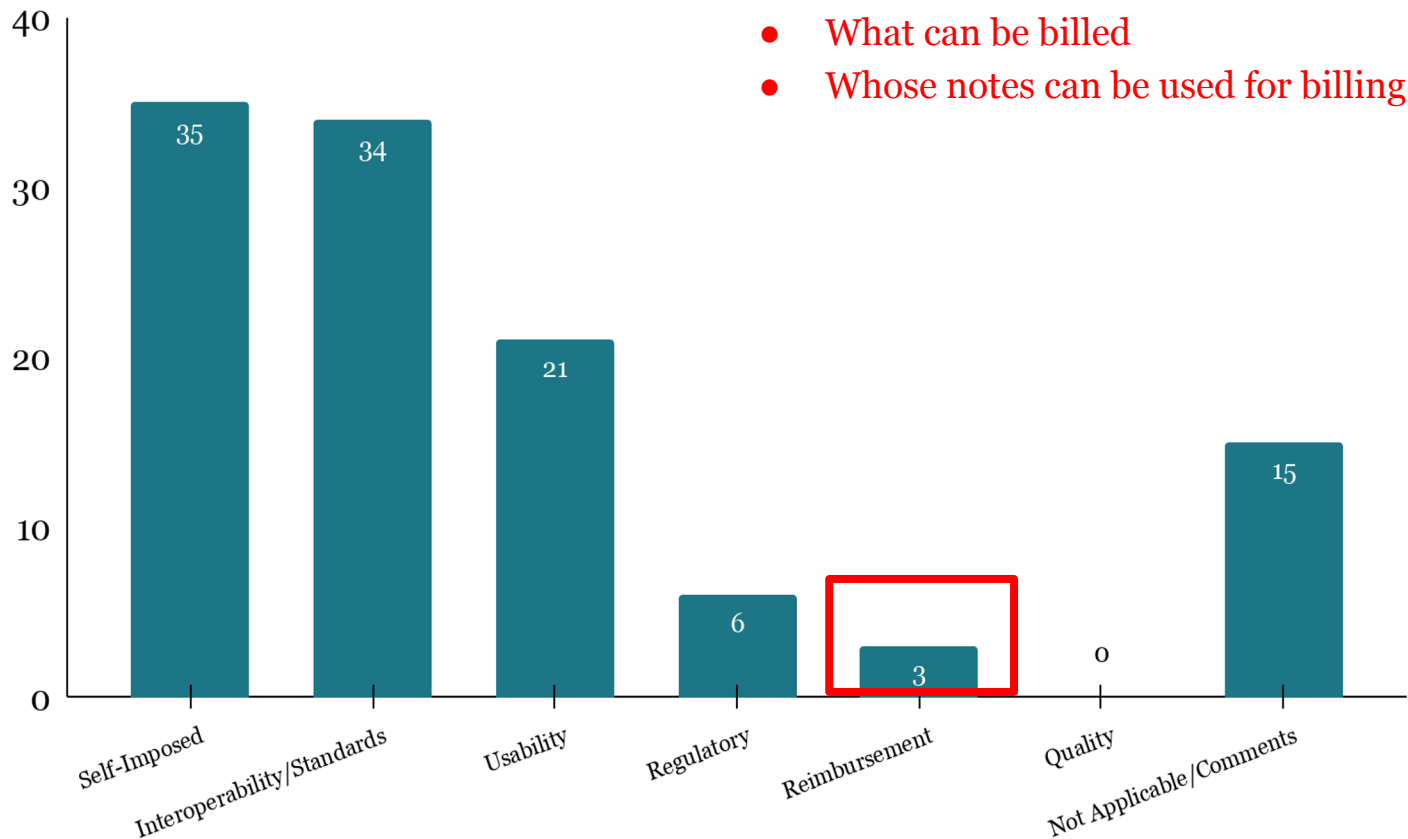
"...followed the CMS recommendations for documentation during the pandemic."

*Responses are not mutually exclusive

Additional Clinical Documentation Reduction Experiences During COVID-19 (n=62)*

- What can be billed
- Whose notes can be used for billing

*Responses are not mutually exclusive

Additional Clinical Documentation Reduction Experiences During COVID-19 (n=62)*

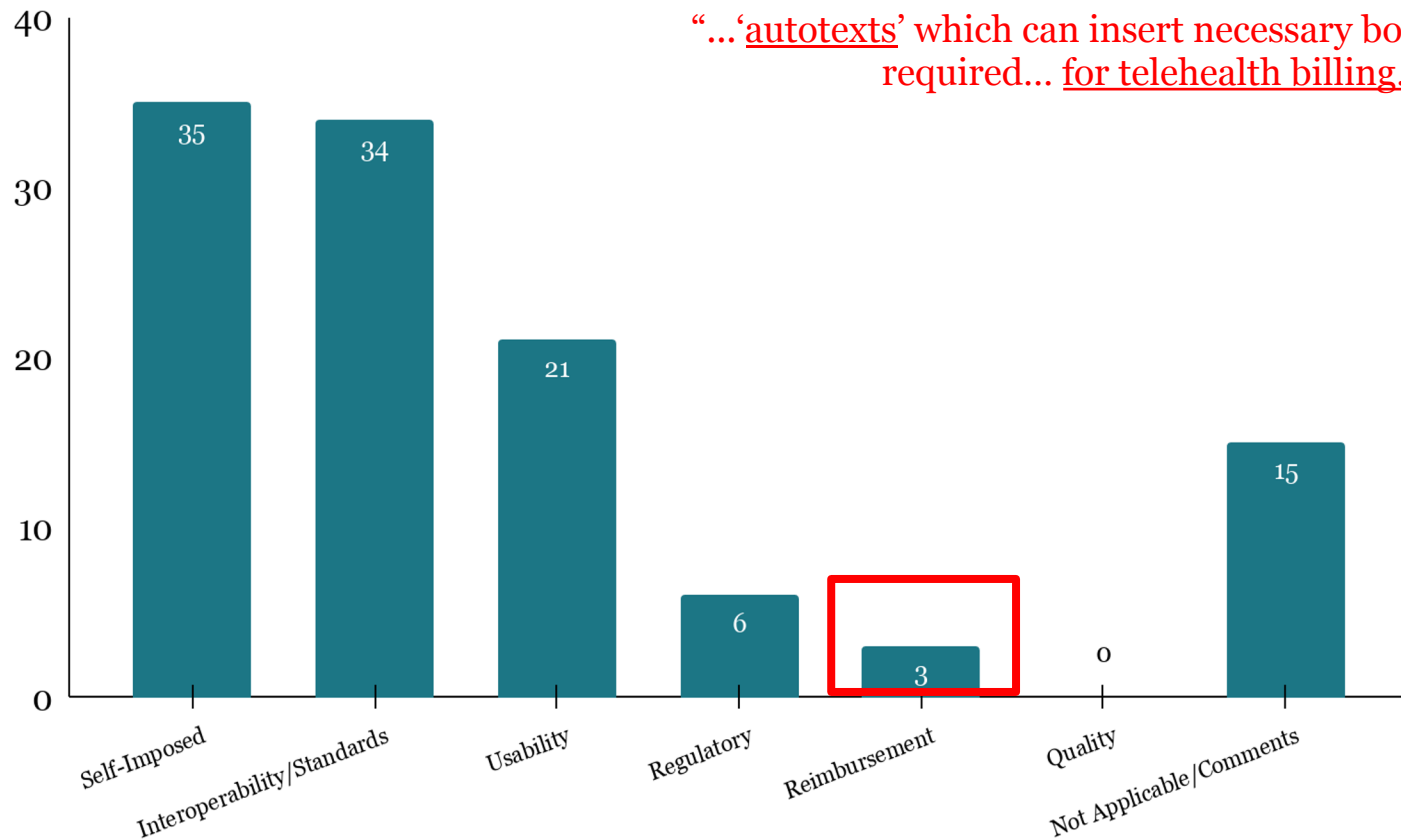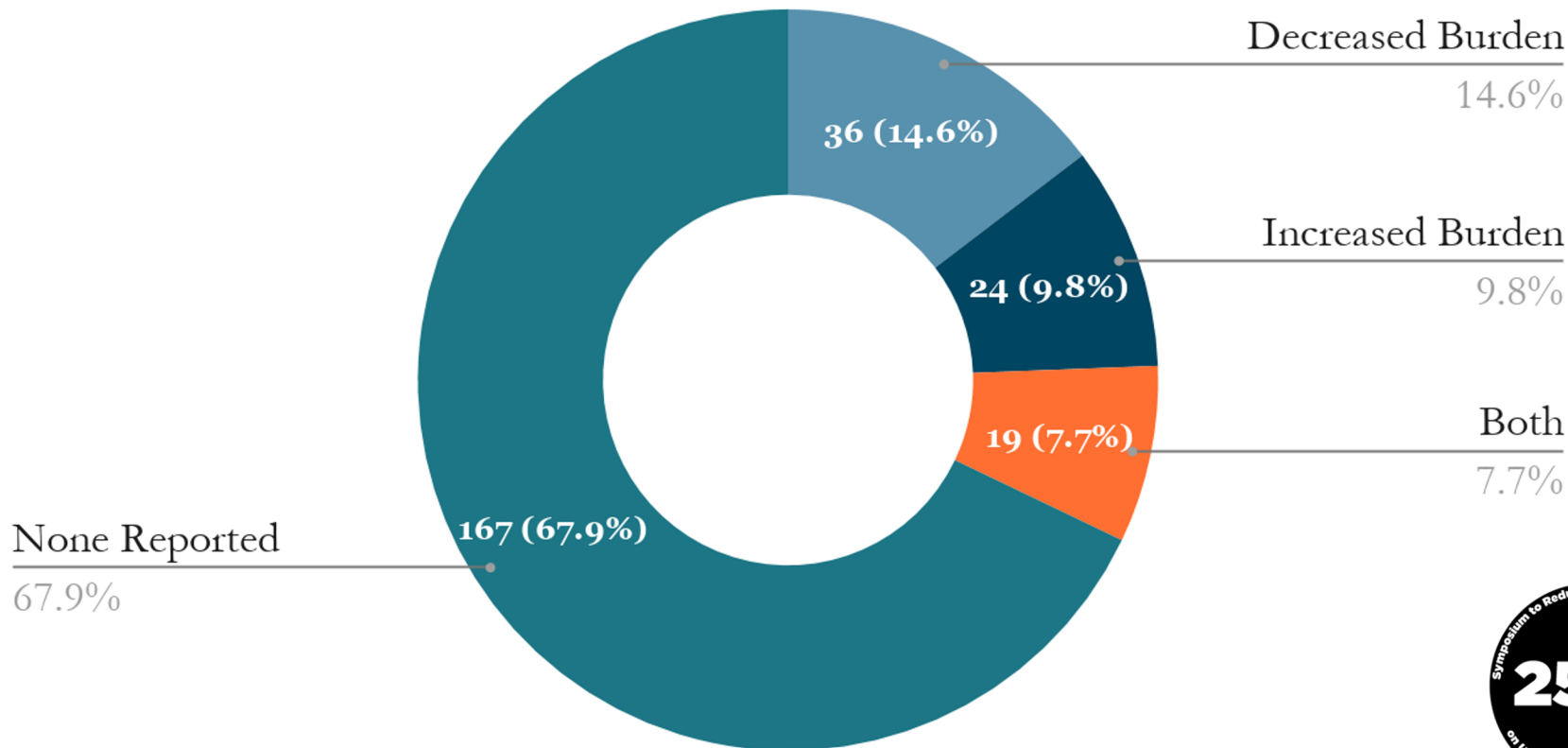"…'autotexts' which can insert necessary boilerplate text… required… for telehealth billing… "

*Responses are not mutually exclusive

Impact of Additional Documentation Changes Experienced at Any Time Influencing Documentation Burden (n=246)

- Decreased Burden — 14.6% — 36 (14.6%)
- Increased Burden — 9.8% — 24 (9.8%)
- Both — 7.7% — 19 (7.7%)
- None Reported — 67.9% — 167 (67.9%)

Additional Documentation Changes Experienced at Any Time Influencing Documentation Burden (n=79)

Increased	Decreased
Disease specific documentation <u>templates</u>	Admission related <u>templates</u> for nursing
Use of documentation <u>elements for quality reporting</u>	<u>Governance</u> over content additions to EHR
<u>Charting by exception</u>	<u>Limit screening</u> based on absence of critical information

Conclusions

- Anecdotal support for multiple strategies
- High prevalence of policy changes within an HCO
- Telehealth strategies were common and highly rated for impact
- Will be pursuing a more rigorous analysis of the survey results
- Stay tuned…

Thank you!

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Questions?