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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?
Demographics of Respondents (n=246)

Respondents' Professions (Up to 3 Selected)

- Informatician
- Registered Nurse
- Physician
- CNIO/CNO
- Educator
- Researcher
- Advanced Practice Nurse
- CMIO/CMO
- Other
- Management
- Student/Trainee/Fellow
- Healthcare Administrator
- CCIO/CIO
- Physician Assistant
- Behavioral Scientist
- Pharmacist
- Radiologist
Demographics of Respondents (n=246)

Specialty

- Internal Medicine
- Other
- Not applicable
- Pediatrics
- Family Medicine
- Emergency Medicine
- Obstetrics and Gynecology
- Psychiatry
- Surgery
- Orthopaedic Surgery
- Preventive Medicine
- Anesthesiology
- Neurology
- Physical Medicine and Rehabilitation
- Plastic Surgery
- Thoracic Surgery
- Otolaryngology - Head/Neck Surgery
- Colon and Rectal Surgery
- Radiation Oncology
- Ophthalmology
- Radiology (Diagnostic and Therapeutic)

Professional Setting (up to 3 selected)

- Health system
- Academia
- Hospital
- Primary care
- Non-profit organization
- Health IT vendor
- Industry
- Other
- Community-based organization
- Government
- Emergency department
- Private practice
- Military
- Urgent care/walk-in clinic
- Health plan
COVID-19 Documentation Strategies

Experienced:
1. Telehealth expansion: 201
2. Changed coding for telemedicine visits for evaluation and management: 164
3. Disease-specific workflows such as COVID-19 express lanes or order sets: 146
4. Flexibility on quality assessment and performance improvement plans: 110
5. Waived face-to-face, new order, medical necessity requirements for DMEs: 81
6. Moving lab testing to specialized centers: 79
7. Waived nursing plan of care requirements: 76
8. Verbal orders permitted in hospital setting: 73

Support Keeping in Place:
1. Telehealth expansion: 196
2. Changed coding for telemedicine visits for evaluation and management: 155
3. Disease-specific workflows such as COVID-19 express lanes or order sets: 124
4. Waived face-to-face, new order, medical necessity requirements for DMEs: 88
5. Flexibility on quality assessment and performance improvement plans: 90
6. Waived nursing plan of care requirements: 61
7. Verbal orders permitted in hospital setting: 47
8. Moving lab testing to specialized centers: 33
### Average Projected Impact of COVID-19 Strategy for Reducing Documentation Burden

**Scale from 0 - 100**

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

Experienced

- 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

- 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 (scribe/dictation): 81%
- Less frequent order re-sigs: 67%
### Average Projected Impact of Strategy for Reducing Documentation Burden

**Scale from 0 - 100**

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documenting only pertinent positives to reduce note bloat (e.g., charting by exception)</td>
<td>65.7</td>
</tr>
<tr>
<td>Changes to compliance rules and performance metrics to eliminate those without evidence of net benefit</td>
<td>65.3</td>
</tr>
<tr>
<td>EHR optimization sprints (rapid observation and improvement to EHR to meet workflow needs)</td>
<td>64.1</td>
</tr>
<tr>
<td>Device integration/efficient data capture (e.g., ventilators, home glucose monitoring, bluetooth scale for heart failure exacerbations)</td>
<td>62.3</td>
</tr>
<tr>
<td>Increased use of documentation assistance (e.g., scribes or dictation)</td>
<td>60.2</td>
</tr>
<tr>
<td>Monitor and improve EHR use measures (e.g., pajama time)</td>
<td>59.9</td>
</tr>
<tr>
<td>Eliminate alerts without evidence of net benefit</td>
<td>59.3</td>
</tr>
<tr>
<td>Login optimization (e.g., badge log-ins, longer timeout interval)</td>
<td>56.3</td>
</tr>
<tr>
<td>Medication reconciliation can be performed by clinical support staff</td>
<td>55.7</td>
</tr>
<tr>
<td>Elimination of order requirement for low-risk activities/interventions (e.g., fingerstick glucose)</td>
<td>49.2</td>
</tr>
<tr>
<td>Reduced frequency of order re-signatures</td>
<td>46.3</td>
</tr>
</tbody>
</table>
Additional Clinical Documentation Reduction Experiences During COVID-19 (n=62)*

*Responses are not mutually exclusive
Patient-entered data
Re-evaluation of system and organization policies and practices
Adding navigators

*Responses are not mutually exclusive*
“Re-evaluation of system policies that dictate... documentation performed by the clinicians... eliminated much of the requirements... not otherwise required by other regulatory bodies.”
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
"Develop guidelines for adding fields... if the field... inform[s] a safe clinical stay/plan."
• Adding navigators
• Voice-assistants and voice recognition software
• Smartphrases, dot phrases, autotext, etc.
• Improved data visualization
• Mobile devices for documentation
• Removing alerts

*Responses are not mutually exclusive*
Additional Clinical Documentation Reduction Experiences During COVID-19 (n=62)*

“...developing a **voice-based** 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
Responses are not mutually exclusive

“...followed the CMS recommendations for documentation during the pandemic.”
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
Responses are not mutually exclusive

"...‘autotexts’ which can insert necessary boilerplate text... required... for telehealth billing... “
Impact of Additional Documentation Changes Experienced at Any Time Influencing Documentation Burden (n=246)

- None Reported: 167 (67.9%)
- Increased Burden: 24 (9.8%)
- Both: 19 (7.7%)
- Decreased Burden: 36 (14.6%)
### Additional Documentation Changes Experienced at Any Time Influencing Documentation Burden (n=79)

<table>
<thead>
<tr>
<th>Increased</th>
<th>Decreased</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease specific documentation <strong>templates</strong></td>
<td>Admission related <strong>templates</strong> for nursing</td>
</tr>
<tr>
<td>Use of documentation <strong>elements for quality reporting</strong></td>
<td><strong>Governance</strong> over content additions to EHR</td>
</tr>
<tr>
<td><strong>Charting by exception</strong></td>
<td><strong>Limit screening</strong> based on absence of critical information</td>
</tr>
</tbody>
</table>
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!
Questions?