: If time for questions… Zak - to your point in “Machine Learning in Medicine” for recording/AI-driven documentation, what are your thoughts on taking the opportunity to revisit/address the “purposes” of clinical notes so that we don’t automate current processes that are perhaps antiquated.
:How about swapping the consumer and the health system rounder in the diagram?
:What improvements in documentation would have made the 4CE effort easier?
:Any systematic change needs to include the most trusted health profession which is nurses!
:Will answer the first question out loud. In the interest of timelines, subsequent questions will be via the chat. Thanks all.
: We must NOT lose the value of summarizing a patient visit, even if we get away from laborious note-writing: to take the time to carefully think through the patient's situation, needs, and now to meet them.
: Most trusted for 17 years in a row!
:@, totally agree.
:Yes Bill - this is looking at WHY we chart.
:Agree with @--the main value of the note is the summarization
:Don't want to loose the patient story! @
:Agree with Bill - the most important part of physician documentation is NOT documenting findings, but rather thinking, summarizing, and then retelling a terse clinical story
:+1 @
:@ T - hear, hear!
:+1 Bill and Peter. Clinical impressions and plan are what I as a clinician review in other team member notes. And do wonder how to maximize the utility and workflow for that.
:I think that just like with a medical student, the clinician summarizes at the end of the visit verbally and that is captured (and cleaned up
:Agree with @ and @. Need to enable summary and assessment. Can't lose patient story amidst all the extraneous stuff,
:Agree with @. Also, our med students are knowledgeable and quite good, but often misinterpret or over-interpret info and draw incorrect conclusions. If that's going to be the AI standard, it seems problematic to me.
:So what we are ^.*(:)talking about is not just capturing findings in an exam room, but having the physician thought process be made verbally - which would be a change for many clinicians
:Just like with the medical student we summarize and they take note
:so you get the patient story + finding + assessment + plan
:all in a naturalistic information flow
:And always remember the issue of getting info back out of the EMR as well as into it.
:There is a synthetic quality to the patient story that conveys more than the sum of its parts. Wonder if that can be captured differently than the traditional note.
:I continue to wonder if there are two records of this visit. Some

version that is all about what we need to actually take care of the patient, and some version that is both comprehensive, but also computable and can be used for all the secondary uses we've become accustomed to having the EHR provide the health system.
:and let's remember that not everything of value has to live in a note - particularly when that information is a list, prior timeline information… that can be referred to
:If we have all the session then different ways we can reinterpret the visit (aka Rashomon for clinical care) and a first class research project for informaticians for a lot of payoff
:Just like Rashomon we don't show everything to everyone. Different stories for different purposes.
:@ is getting at that
:I was originally going to moderate the usability-ambulatory group, (I think it's now being moderated by Julia Alder-Milstien)
:bye all. Will go sleep of Moderna #2
:Thank you Zak Kohane, rest will
:agree with @!
:If you have a billing code....nursing doesn't have any
:The patient lives the outcome!
:1+ Luann Whittenbrug
:a shame no one allowed the usability group on workflow in ambulatory care to present
:Ross, all notes are being captured.
:the format prevented us from capturing most of our insights. oh well
:Usability inpatient training had some great ideas that flowed too sorry didn't get to share, but glad all ideas are captured!
:Ross, please feel free to share them via other formats
:I'll try to do that
:yes we need more Interdisciplinary and team based approaches to documentation
:is the list-serv going to be operational? I've tried to sign up a couple of times.
:I have an idea for that group - time often becomes a barrier to reviewing and giving feedback on notes. what about having a clinician that is not on the team give feedback in a systematic way?
:yeah, observation vs full admission; a regulatory nightmare with NO benefit to patients!!!!
:Someone should look at papercharts from 1980 era before all of the billing/regulatory requirements become so engrained and see what the content differences and format differences are relative to the modern era.,
:@ Laura
:Think facilitators can help team interpret mural content if needed
:I think Bill Tierney cited something in a chat on this symposium
:What is the end point of this exercise? 25x5 is a great idea.. what are next steps after this exercise?
:@Laura we should look back and focus on quality documentation--what constitutes quality and what is superfilous
:jeff@amia.org - for AMIA connect

:Thank you, everyone. This is about participation and learning together. Next week, we will refine these raw ideas into more concrete recommendations.
:I loved the breakout sessions. thank you! looking forward to next weeks follow up!
:Thanks to the HOSTS and SCRIBES!!
:https://www.dbmi.columbia.edu/25x5/
:LOVED the breakout sessions, strong work everyone!
:Thanks – great event.
:Really enjoyed! Thanks all, host, scribes
:thanks!
:Thank you so much! Excellent session!