

Strategies and Recommendations to Reduce Burden Related to Health IT

The session, presented by ONC's Chief Medical Officer Dr. Tom Mason, focused on addressing clinician burden relating to the EHR as well as how to use data in the EHR to make it actionable information for patients. The 21st Century CURES Act 4001(a) calls for sec of health and human services to develop goals and strategies to reduce administrative burdens (i.e. documentation requirements) relating to EHR use. The premise of the act also focused on working with stakeholders in health care ecosystems to develop solutions to challenges. Like other groups, the ONC developed strategies with a series of nation side hearing sessions.

Chief burdens heard about during these sessions included: billing-related documentation 'note bloat'; prior authorization, quality measurement, poor user experience with health IT and clinical workflow, too much time outside patient care spent on electronic records, and PDMPs poorly integrated into EHRs.

When it comes to prior authorization, the American Medical Association found through their annual survey that physicians were spending 14 hours a week to satisfy prior authorization. Prior authorization delays led to increase risks of safety events and adverse outcomes. What are things causing lack of integration of PA in clinical workflow? This relates back to the law. In HIPAA 1996 there was focus on improve efficiency and effectiveness of healthcare with admin transactions...fast forward to today, there were successes in HIPAA with certain admin, but prior authorization had very low adoption rate.

The four key areas ONC found based on input as core areas of focus included:

1. Health IT usability and user experience;
2. EHR reporting (issues related to clinicians having to go out of workflow to access prescription drug monitoring databases, etc.);
3. Public health reporting;
4. Clinical documentation.

ONC is now shifting into the implementation and action phase of this reporting. Dr. Mason shared with the audience why health IT usability and clinical documentation require vast changes to reduce provider burden.

Health IT usability: the EHR, in many cases, was not in alignment with clinical workflow. Formulating healthcare specific user interfaces and using user centered design best practices and promoting harmonization on clinical content is key.

Clinical documentation: reduce regulatory burden around documentation requirements for patient visits. Clinician partnership – encourage adoption of documentation best practices, reduce documentation burden tied to prior authorization.

To view more information and resources shared by ONC, please access the [slides](#) and [recording](#).