

AMDIS: “TED Talk”

June 10, 2021

A Clarion Call to
Informaticists:

Reduce Burnout by
Eliminating Billing
Documentation Rules
to Let Clinicians be
Clinicians



A Clarion Call to all of you, based on our paper

Reduce Burnout by Eliminating Billing Documentation Rules to Let Clinicians be Clinicians: A Clarion Call to Informaticists. Appl Clin Inform 2021;12:73–75.

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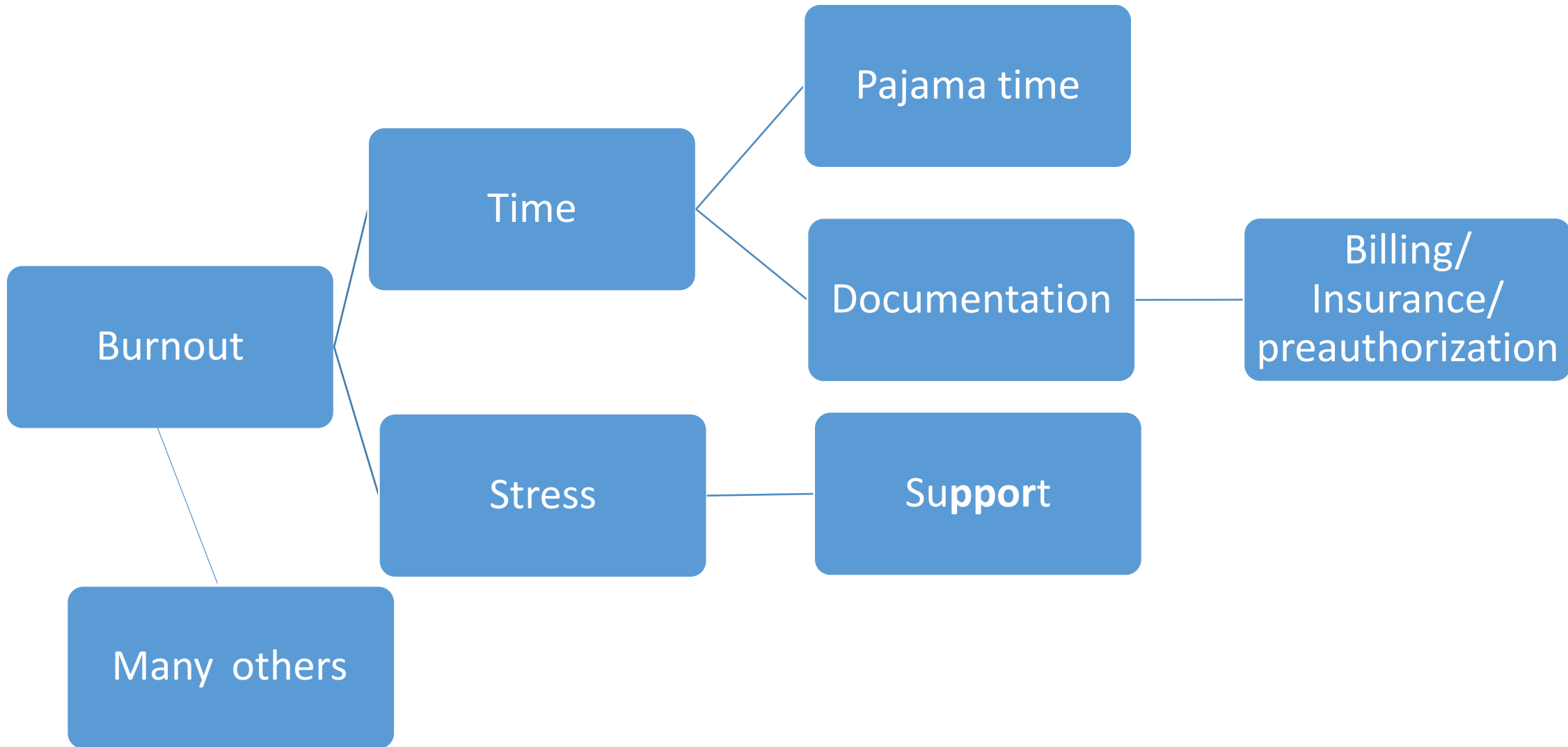
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Burnout: focus on billing



Where is the burden?

	Who suffers the burden?	Who pays?
<u>Old workflow</u>		
Paper process	Physician to find	Physician
Snail mail	Staff	Physician
Appeal, appeal, appeal	Physician and staff	Physician
<u>Current workflow</u>		
Paper	Physician to find	Physician
Fax	Staff	Physician
Appeal, appeal, appeal	Physician and staff	Physician



Where is the burden?

Leverage digital paradigm

Change locus of administrative burden

	Who suffers the burden?	Who pays?
<u>Proposed workflow</u>		
Online access	Insurance to find	Insurance
Digital	Insurance to obtain	Insurance
Appeal, appeal, appeal	Physician and staff	Physician

Shift the burden and the cost to those who want the data

Challenges

- Nothing works if just mitigate symptoms
- Insurance companies not likely to give up power
 - Nor be willing to pay for what now is free to them
- Many stakeholders
 - with overlapping or conflicting goals
- As the “ask” has changed from documenting *that* a clinician did something to *why* they did it, burden has markedly expanded the time required to document.
 - Remove the requirement = resolve the issue



Proposals

- Require health plans pay extra for access to data only they require to support claim evaluation
 - You want it, you pay for it
- End clinicians' need to document non-clinical data
- Establish informatics standards/processes to:
 - Enable health plans to retrieve defined digital data, and
 - Ensure specific restrictions to protect patients

A Brave New World

- Require health plans to pay for access to data
 - More data = more cost = less profit
- Incentivize health plans to collect only what they need
- Remove need to document to administrative, non-clinical rules
- No need to reiterate what's already there (e.g., labs)
- No need for clinicians to be coders
- Much less copy/sloppy-paste, note bloat
- More quality time with patients



What's needed now?

- Initiate a broad-based conversation
- Informatics-based, digital, secure data sharing
 - “Thems that want data pay for data”
- Multiple stakeholders must contribute
 - Including CMS
- If we don't:
 - Burnout will worsen
 - Number of underserved patients will grow

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