

Team #3 – Ty Lee, Kevin Scharnhorst, Mike Sleep

Discuss one of the following questions with your group. Choose a scribe for each group, who will present a summary of the discussion, and any conclusions reached, during the next synchronous session. The scribe should rotate each time we do this activity.

Group Topics (Selected group topic indicated with highlight):

1. Ensuring patients' questions are answered when they visit the doctor.
- 2. How can one efficiently obtain narrative while also recording structured content?**
3. How can problem list maintenance be made easy for physicians?

EHR applications today support two different methods for data input.

- Tree method - data is collected in a top-down approach. Tree methods collect information in a very rigid format where information is asked in a predefined order.
- Templates - where the information is structured. Pick lists allow quick entry of information and preserve data integrity by allowing the clinician to enter data from options that are available. These template driven screens are tailored around the patient and the chief complaint that they are presenting with. They prompt the clinician to gather relevant data.

If structured right, the data could be used to help facilitate the clinician staying more devoted to the patient as they describe their chief complaint. The physician could then enter the information after the history is taken.

Other options include:

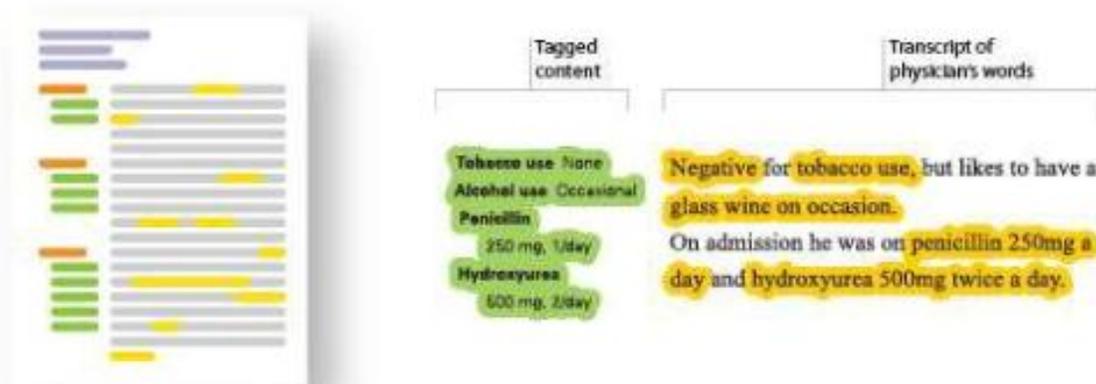
- Dictation can be taken and then transcribed and edited later. This is generally a preferred means of collecting narrative data by physicians.
- Data Entry can be done during the interview process.
- Voice Recognition through narrative and incorporating quick text or commands to populate discrete data fields.
- Collecting narrative pieces in discrete fields; i.e. instead of capturing discrete elements, you discretely capture narrative descriptions of the element you need
- Use of 'sticky notes' to capture narrative information while working through a discrete capture screen full of check boxes and drop down lists
- Quick Text - Preformed paragraph text
- Generated narrative notes from discrete data elements.
- Using check boxes and drop down lists to drive the 'building of a narrative'; essentially storing only the discrete elements and filling them into a template driven narrative screen for reading ease

Even in the best EHR applications, regardless of the approach used to accept the data entry, struggles in interacting with the application creates an experience that seems like a tedious manual process. It

frustrates the flow of the interaction between the care provider and patient. In addition they are time consuming, lacking in expression of natural language, costly, inflexible, incomplete and inadequate in semantic standards. (Terheyden, 2009)

An alliance of vendors has come together on a project known as The Health Story Project. In review of their site and a presentation given in October 2009 at the American Health Information Management Association conference a number of initiatives are being proposed to solve this in going from a narrative format to structured. They estimate that 60% of narrative data is lost in going to structured data entry forms. The alliance seeks to fill in the gap by seeking to capture more of the narrated history. To do this, the alliance is forming standards that medical transcription companies, EHR vendors, Health Providers and Payers can utilize together. Each respectively have a responsibility to require standards be met in their interaction with such data.

Much of their solution centers on a concept they refer to as “Meaningful Clinical Documents”. These documents focus on “tagged content” where relevant free form text is taken from narrated entry and is translated from key terms into the structured form. From the presentation the below example was given.



Promoters



M*Modal



Spheris



Participants

All Type | Dictation Services Group | Healthline, Inc. | MD-IT

The “Meaningful Clinical Documents” is just one way to achieve structured data while taking narrative data. There is no doubt many solutions, but any that will be successful will be centered on standardizing and promoting adoption with all the major parties involved that support the process.

References

<https://courses.northwestern.edu/webapps/login/>

<http://healthstory.com/about/sec/mission.htm>