Creating A Functional Bridge With The EMR

Presentation to Kentucky HFMA
Reid W Coleman MD FACP
CMIO, Nuance Communications Inc.
Disclosures

- **Bias**
  - I work for a company that sells solutions to some of the issues I’ll discuss
    - I will not be discussing, or even mentioning, these products
    - I will be delighted to talk to anyone later about my company's solutions

- **Conflicts**
  - I have, unfortunately, no conflicts to disclose
  - I am always open to offers
Why AM I Speaking?

– Clinician
  – Internist, FACP, still see patients in the ambulatory clinic
– Teacher
  – Associate Professor of Medicine, Warren Alpert School of Medicine, Brown University
– CMIO
  – 11 Years at Lifespan (Brown Teaching System), 2+ years at Nuance
Why Am I Not Wearing a Tie?
Notice About the Presentation

– The core points are on slides marked with:
– There are only five of them
– If you only pay attention to these you will get most of my message
– I’ll let you know when these slides come up
Brief Statement of the Problem

What is important to a clinician is not what is important to other stakeholders

- Coding
- Institutional billing
- Institutional reimbursement
- Compliance
- Meaningful use requirements
What is wanted from the physician?
What is wanted by the physician?

- Communicate With Patients
- Communicate With Other Clinicians
- Tell the patient story
- Justify E&M Code
- Malpractice Issues
- Performance measures
- Aid in The Reasoning process
- Quality Of Care

Communicate

Reasoning

Performance

Malpractice

E&M

Code

Issues
EMR’s Are Supposed to Solve These Issues

The first generations of EMR’s used “defined data” fields to collect the needed information
- Dropdowns
- Click boxes
- Pick lists

Clinicians entered data as part of charting
- Often expected to enter data separate from writing note

As more and more data was required, clinicians entered data as the means of charting
- Some EMR’s create parts of a note from entered data
- An example: orders become the plan
What Made EMR’s Use This Approach?

- **Meaningful use**
  - Stage One – Collect and transmit data

- **Anticipated move to ICD-10**
  - Requires much more granularity

- **Payment “reform”**
  - P4P, VBP, ACO’s
A Patient’s View of the Data Centered EMR

7-year old girl’s drawing published in JAMA, June 20, 2012, Vol 307, No. 23, Thomas G. Murphy, MD

A Physician Perspective on the Data Centered EMR

Who will rid me of this meddlesome priest?
How do Physicians Want to Document?

NARRATIVE
The Holy Grail for Physicians

- Enter narrative to:
  - Tell the patient story
  - To add new information via notes
  - Assist in diagnosis and treatment
    - CDS
  - Communicate
  - Get paid
  - Have the note generate data, and orders
A Brief Divergence – Payment Models

Fee For Service
- Still the physician model

Fee For Disease
- The DRG model

Fee For Patient
- ACO’s and Capitation
The Documentation Conundrum

Physician reimbursement is still predominantly based on E&M coding

- Volume of information not quality

Institution reimbursement is no longer driven by volume of care

- Three questions:
  - How sick is the patient
  - Was the right thing done
  - Was it done in the right place the right way

Documentation needs to satisfy both mechanisms

- And support physician quality measures
What’s Wrong With Narrative?

- It often doesn’t contain the needed information
- Even if it does, it isn’t in normalized, coded format
- Extraction becomes time consuming, difficult, and expensive
Fixing the Narrative Process Has Issues

Clinical Documentation Improvement
- Retrospective
- Time and resource intense
- Interrupts the clinician when away from the patient

Natural Language Processing
- Nascent technology
- Requires information to be present in the narrative
Re-imagine the clinical documentation process

Get it right from the start

How sick is the patient?

Was the right thing done? In the right way and place?

Patient care
- Meaningful use
- Quality reporting
- Decision support

Financial integrity
- Value-based purchasing
- Coding/CMI
- POA/HAC

Compliance
- Medical necessity
- Coding
- Documentation integrity

Important Slide
This Could Connect the Clinical Documentation chain
Building Toward This Solution Can Lead To A True Bridge

- The tools:
  - Create narrative with voice recognition
    - typing and dictation work
    - Copy and paste is a big problem
  - Improve documents with computerized as well as human CDI – computerized CDI will never replace human functions totally
  - Extract needed information using NLP
Thank You – Questions?

You can also ask at: Reid.Coleman@Nuance.com