# Charlie

I am writing today on behalf of Healthfinch, Inc , a leading vendor in technology developed for use with electronic medical record systems to alleviate physician burnout, in regards to the Office of the National Coordinator's request for feedback on the draft S*trategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs*.

Delegation of routine tasks to enable staff to practice "top of their license" is a common tactic used by healthcare organizations to reduce the burden of work on providers. Given its prevalence in healthcare organizations today, delegation and its challenges warrant inclusion in the *Strategy*, particularly:

1. Delegation is a key part of achieving the burden reduction goals of the draft *Strategy*.
2. Inconsistent and unclear "scope of practice" guidelines inhibit organizations from utilizing delegation to its fullest.

As a result, we recommend that the ONC should revise its strategy to:

1. Incorporate delegation of routine tasks into the strategic goals.
2. Improve adoption of delegation by recommending state boards address inconsistent and unclear "scope of practice" guidelines.

## Background

As the draft strategy suggested, providers continue to struggle with the time commitments of utilizing electronic medical record systems. While the draft addresses a common challenge, clinical documentation, it fails to address another equally burdensome task for providers, tasks that fall into the "EMR Inbox." The inbox is a centralized location within the EMR where non-reimbursable, non-patient facing work tends to gather.[1] According to a time-motion study performed by the University of Wisconsin, providers spent almost 90 minutes addressing inbox tasks each day.[2] As such, most healthcare systems have initiatives underway to eliminate the burden of the inbox from their providers.

## Can Delegation be the Answer?

One strategy to reduce the burden of routine, repeatable tasks on providers is to delegate these tasks to top of license staff via the use of standardized protocols or standing orders.[3] This strategy has proven successful at multiple organizations in freeing up physician time, increasing speed to resolution, and improving quality by ensuring protocols are followed.

For a healthcare organization to embrace delegation, the State Boards (Medical, Nursing, and Pharmacy) must provide clear guidance that the task is able to be delegated by the delegator (the provider) and acted on by the delegatee (registered nurse, medical assistant, pharmacy technician, etc). Unfortunately, many states do not provide clear recommendations. Depending on the state, recommendations are often inconsistent or written ambiguously. When ambiguous, compliance


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teams at healthcare organizations are often forced to err on the side of being conservative, requiring the work to only be completed by the provider.

To help illustrate the problem of poor state guidance, we will present a case study for a specific high-volume clinical task - prescription refill requests - and how the widespread inconsistency in each State Board prevents delegation from being consistently utilized as a strategy by healthcare organizations. The lack of delegation brought on by inconsistent guidelines from state boards increases provider burnout and reduces quality of care for patients due to delayed action on requests and inconsistent decision making.

## Case Study: Prescription Refill Requests

### The Burden of Refill Requests

Prescription refill requests, also referred to as renewal requests, occur when a patient's long-term, chronic medication needs to be extended or have additional refills added. Requests can originate from either the patient or the pharmacy from a previous order.

Once the refill request is received, the provider reviews the patient's chart to determine if the medication can be safely renewed and for how long. The chart review addresses questions such as:

- Is the requested medication on the patient's active medication list?
- Has the patient had a recent office visit, and if so, when was it?
- Have there been any relevant labs or diagnostics performed recently and are they in normal range?

A proper review of each refill can require over 20 clicks in the EMR and take 3-7 minutes per request. In aggregate, according to the University of Wisconsin Health study, "Refills and Results," was the 3rd most common clinical task behind "Clinical Documentation" and "Chart Review – Notes" with an average of 55 minutes spent per day per provider.

Studies have shown that standardized protocols have been effectively and safely utilized by support staff to expedite prescription refills without relying on provider intervention.[4] Medication refill protocols can thus improve patient safety by standardizing the medication refill process and ensuring a consistent standard of care, leading to both a decrease in medication refill delays and errors.

### The Challenge

While many organizations wish to delegate work to "top of license" staff, clear guidance from each State Medical Board prevent this strategy from being widely utilized. Healthfinch, Inc completed, a survey of all 50 states (plus the District of Columbia) to determine which states clearly support the delegation of refill requests. Six states supported delegation, 2 states did not support delegation, and 42 states provided unclear guidance. As a result, over 890,000 providers or 90%+ of physicians in the United States are practicing in a state where there is either ambiguous or anti-delegation scope of practice laws for prescription refill requests.[5]


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| Survey of State Medical Boards Opinions on the Delegation of Prescription Refill Requests | | |
|---|---|---|
| States where Medical Boards have provided clear guidance that *at least one non-provider licensure* can process refill requests | States where Medical Boards have provided clear guidance that *no licensure other than providers* can process refill requests | States that are unclear whether they support refill request delegation |
| Arizona (Registered Nurses[6]), Colorado (Medical Assistants[7]), Minnesota (Registered Nurses[8]), North Dakota (Registered Nurses[9]), Virginia (Registered Nurses/LPNs[10]), Washington (Registered Nurses[11] & Medical Assistants[12]) | New York, Ohio | Alabama, Alaska, Arkansas, California, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming |

## Recommendations for the ONC

Using prescription renewal requests as a case study clearly illustrates the value that delegating work to qualified staff has on addressing the goals of the ONC's draft *Strategy.*

Therefore, it's our recommendation that the ONC broaden the category of "Clinical Documentation" to "Clinical Documentation & Clinical Inbox" and include the following:

> ***Strategy 4: Promote the use of Delegation to ensure tasks are completed with "top of license" staff.***
>
> ***Recommendation 1: Coordinate efforts with State Medical Boards (Medical, Nursing, and Pharmacy) to provide clarity on "scope of practice" laws regarding the delegation of high volume, routine tasks, such as Prescription Refill Requests***
>
> *For all the benefits that delegation provides to clinicians, health systems and patients, it is difficult to implement without clear guidance from state boards. Healthcare organizations need to feel confident that they are delegating appropriately within the scope of practice for each licensure level. The ONC Strategy needs to not just promote delegation in the abstract but push state boards to address the issue, ideally in a pro-delegation way.*
>
> *We recommend that the State Medical Boards carefully consider the support for delegation of common routine, clinical tasks.*


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*Specifically, we recommend that State Medical Boards support the delegation of prescription refill requests, one of the most common tasks completed by providers, by standing orders/protocols when the following is true:*

- *The standing orders/protocols are created and maintained by the appropriate providers at the health care organization and are reviewed on at least an annual basis.*
- *The clinical circumstances under which the standing orders/protocols are to be followed are clearly defined.*
- *Standing orders/protocols cannot initiate new prescriptions, adjust dosages or approve controlled substances.*
- *Implementation of standing orders/protocols should include an electronic framework to assess clinical circumstances and auditable documentation of the delegatee following the protocols.*

*Our recommendation is that RNs are allowed to receive these tasks, but we also recommend state boards consider delegation to Pharmacists, Pharm Techs, LPNs, or MAs as well.*

## Conclusion

While the bulk of this feedback addressed the challenge of prescription refill request delegation, other common clinical tasks suffer from similar challenges of having unclear guidance from the State Medical Boards. Thus, our strong recommendation is that the ONC consider revising its recommendations to include guidance on which tasks can be safely delegated to licensed or unlicensed staff members to help alleviate the burden of non-reimbursable work burdening providers every day.


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## Notes

[1] Each EMR has a proprietary name for their inbox.
[2] Arndt B, Beasley J, Watkinson, M, Temte J, Tuan W, Sinsky C, Gilchrist V. Tethered to the EHR: Primary Care Physician Workload Assessment Using EHR Event Log Data and Time-Motion Observations. *The Annals of Family Medicine.* 2017;15(5):419-426. http://www.annfammed.org/content/15/5/419
[3] Sinsky C, Willard-Grace R, Schutzbank A, Sinsky T, Margolius D, Bodenheimer T. In Search of Joy in Practice: A Report of 23 High-Functioning Primary Care Practices. *The Annals of Family Medicine.* 2013;11(3):272-278. http://www.annfammed.org/content/11/3/272.full
[4] Billups S, Delate T, Newlon C, Schwiesow S Jahnke R, Nadrash A. Outcomes of a pharmacist-managed medication refill program. *Journal of the American Pharmacists Association.* 2013;53(5): 505-512. https://www.sciencedirect.com/science/article/pii/S1544319115303873
[5] The Kaiser Family Foundation. Professionally Active Physicians. https://www.kff.org/other/state-indicator/total-active-physicians/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D. Published October 2018. Accessed January 25, 2019.
[6] Arizona State Board of Nursing. Advisory Opinion: Medication Refills Using a Nursing Protocol in an Ambulatory Setting. https://azbn.gov/Documents/advisory_opinion/AO%20Medication%20Refills%20Using%20A%20Nursing%20Protocol%20in%20an%20Ambulatory%20Setting.pdf. Published January 31, 2014. Accessed January 25, 2019.
[7] Colorado Board of Medical Examiners. RULES REGARDING THE DELEGATION AND SUPERVISION OF MEDICAL SERVICES TO UNLICENSED HEALTH CARE PROVIDERS PURSUANT TO SECTION 12-36-106(3)(l), C.R.S. https://www.sos.state.co.us/CCR/Upload/AGORequest/AdoptedRules02008-00340.DOC. Adopted May 22, 2008. Accessed January 25, 2019.
[8] Minnesota Board of Nursing. Use of Protocols. https://mn.gov/boards/nursing/practice/nursing-practice-topics/use-of-protocols.jsp. Developed 2004. Reviewed 2010. Accessed January 25, 2019.
[9] North Dakota Board of Nursing. Practice FAQ. https://www.ndbon.org/FAQ/Practice.asp
[10] Virginia Legislative Information System. SB 882 Prescription refill; protocol. https://lis.virginia.gov/cgi-bin/legp604.exe?181+sum+SB882. Accessed January 25, 2019.
[11] Nursing Care Quality Assurance Commission (NCQAC). Standing Orders and Verbal Orders. https://www.doh.wa.gov/Portals/1/Documents/6000/StandingAndVerbalOrders.pdf. Published September 12, 2014. Accessed January 25, 2019.
[12] Washington State Department of Health. Medical Assistant Frequently Asked Questions. https://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/MedicalAssistant/FrequentlyAskedQuestions. Published May 22, 2018. Accessed January 25, 2019.


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