



March 2019 Roundtable Q&A Style Standards to Improve Health IT Usability and Reduce Physician Burden

Below is a list of panelist responses to questions that could not be answered within the time allotted in the Health Story Project's recent Roundtable. To view the entire recording of the presentation, please visit the [Health Story Project Roundtable Archives](#). If you have additional questions, please feel free to email healthstory@himss.org.

Responses from the following panelists included below:

Lisa Nelson, MS, MBA, Principal Informaticist, MaxMD

Laura Bryan, MS, CHDS, AHDI-F, Vice President, MedEDocs

Q: Doctors are known to be resistant to change, how do you get them to adopt these standards when they're so use to dictating (for example), FLABP?

A: With accurate style guidance, some style standards may be able to be suggested programatically as a sort of "style-check" function offered at the point of EHR data capture, or added as a CDS-hook activity triggered when the record is saved.

Use of nonstandard abbreviations will always be a challenge and compliance will depend on facility policy and enforcement. The Association for Healthcare Documentation Integrity (AHDI) Book of Style and Standards for Clinical Documentation (BOSS4) provides facilities with a reference framework for setting policies related to the use of abbreviations, slang, jargon, short forms and backformations.

Q: How do you use these examples to demonstrate to leadership the potential impact of inconsistent practices on patient safety?

A: This is a great suggestion— thanks! A succinct presentation could be produced from this material with organization leaders as the intended audience. Check back for an additional resource in the later spring.

Q: How responsive are the EHR vendors to your standards recommendations? Often health care providers are limited in what they can change and are dependent on the vendor. This is also very time consuming, as you know, and providers may not have resources.

A: The approach of developing an "add-on" option that used natural language processing (NLP) and Style Guidelines to improve the narrative prior to it being saved in the record would enable third party vendors to



create this type of app to augment the EHR environment. As more EHR Vendors offer support for FHIR APIs and CDS-hook mechanisms, the EHRs will stop being the bottleneck to progress. See <https://cde-hooks.org/> to learn more about the power of CDS hooks.

These standards can be incorporated into the user interface such as drop-down lists and pick lists, menus, and check boxes. They can also be used in the creation of documentation templates, saved text such as normals, and standard text (also referred to as macros). The standards can be adopted by EHR vendors, implementation teams, and informaticists regardless of compliance by physicians. The standards should also be adopted by scribes. Since this is the first edition written with EHR vendors as part of the target audience, we are just beginning to reach out to this community. We are pleased to have the support of the [Health Story Project](#), which is part of HIMSS. We also have advocates within the HL7 CDA community working to incorporate standards into CDA and FHIR implementation guides.

Q: What policies does AHDI propose concerning sex and gender?

A: The use of gender pronouns should follow the patient's preference. Our policies describe the use of he/she/they, how to use pronouns when the gender preference is unknown, and also preferred terms for referring to individuals within the LGBTQ community.

While we have stated that pronoun usage should be based on the patient's preference, we have not addressed the issue of capturing and recording preferences. Since AHDI does not typically publish standards related to the MPI (master patient index), we did not address the establishment of codes for capturing sex and gender in the MPI/EHR.

No definitive standards have emerged in this space. Consult the Interoperability Standards Advisory section on vocabulary standards for "[Sex at Birth, Sexual Orientation and Gender Identity](#)" to learn what has been established by the ONC to date.



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