MITRE / FLUX NOTES **SELECTED CONCEPTS v14.3**

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goinvo

The following concepts explore the note assistant, template initiation, toxicity, labs, clinical trials, and context tray interactions.

1 PRINCIPLES OF THE NOTE ASSISTANT

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INTRODUCTION

The note assistant is a feature within Flux Notes that will help guide the provider through the patient encounter, as well as help complete any data that's needed for note and encounter completion. The designs that are explained today should be in the context of the future self-documenting clinical encounter. These ideas should be part of building the infrastructure from which to expand to voice/conversational interactions.

NOTE ASSISTANT GUIDING PRINCIPLES

- The assistant is for encounter completion, not just note completion
- The assistant should not be limited to UI only (voice, chatbot, etc)
- The assistant is present, yet unobtrusive
- Provides assistance based on the providers workflow and mental model
- The assistant is not one specific and particular area of the application. It is a suite of interactions that provides completion guidance to the provider, pointing them to assistive content
- There is always the option for the user to ignore the assistant
- User can request more help from the assistant, rather than having it imposed upon them (opposite of clippy)
- The assistant should never interrupt; avoid the addition of alert fatigue
- Navigation is bite sized and does not overwhelm the user (think turbo-tax)
- Prioritize highest value assistant suggestions
- Wherever possible, show (don't tell) visuals for tricky procedures, videos/ visualizations for patient education, etc)
- Allow the assistant to be a tool for the clinician (calculator to find BMI, etc)
- Use of (not NLP and voice NLP to predict the most useful content for the user
- Note assistant should take into account patient values/preferences based on analysis of the patient record

TYPES OF ASSISTANCE

Assist with data capture

- Missing elements
  - Missing data required for proper billing
  - Missing data required for CQMs/QRDA
  - Minimum elements required to complete note as specified by template
  - Missing data needed for inclusion/exclusion criteria for clinical trials (typically ~8 elements for determining eligibility)
- Missing attributes within data elements

Assist with errors

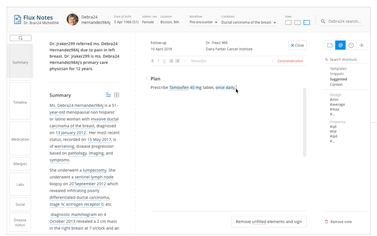
- Clinical errors
  - Impossible values
  - Contraindications to prescribed treatments (to devices, Rx, patient preferences)
- Misspellings

Assist with next steps

- Clinician references
  - Clinical calculators/tools
  - Medical information references (UpToDate, MedlinePlus, A/J/C staging, etc)
- Plan of care
  - Diagnostics (labs, imaging, etc)
  - Referrals
  - Medication regimens
- Clinical trial enrollment
  - Informed consent forms
  - Resources/education about trials
- Resources
  - Patient education related media
  - Patient resources (communities, groups, etc)

2 CONTRAINDICATION NOTE ASSISTANT

2.1 CONTRAINDICATION NOTE ASSISTANT



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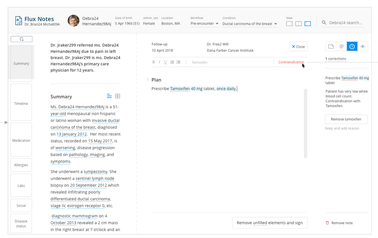

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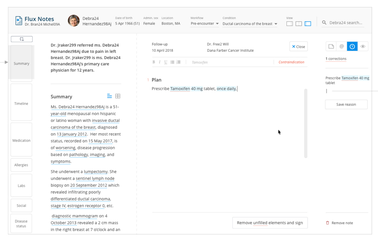

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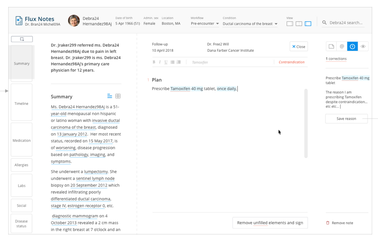

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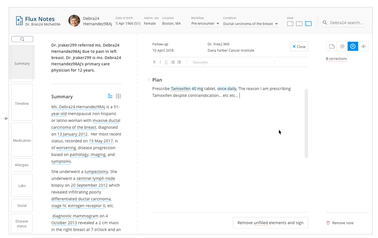

3 TEMPLATE INITIALIZATION

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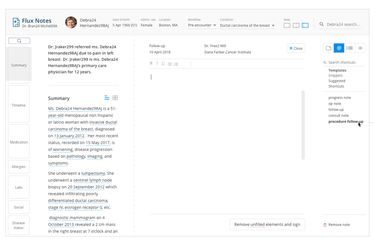

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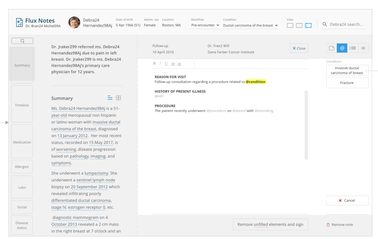

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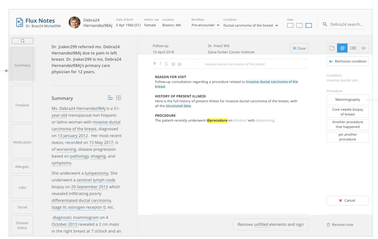

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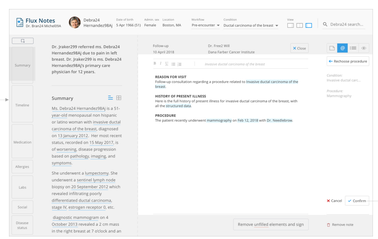

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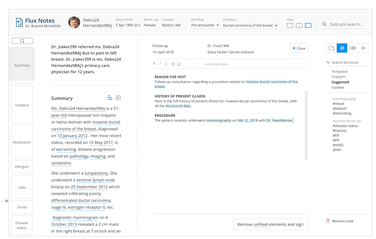

4 TOXICITY TIMELINE

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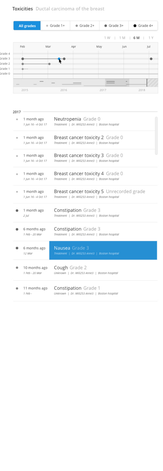

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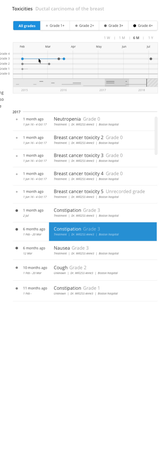

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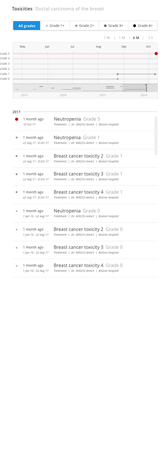

5 CLINICAL TRIALS

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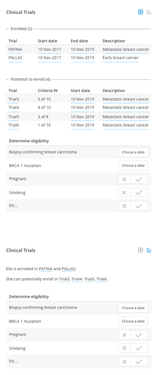

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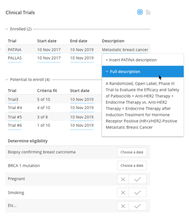

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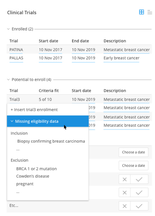

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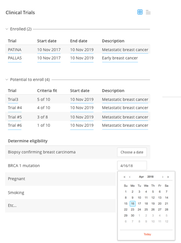

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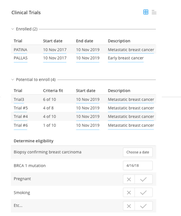

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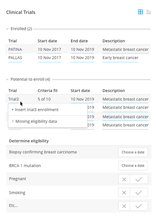

5.8 CLINICAL TRIALS

6 LABS INTERACTION

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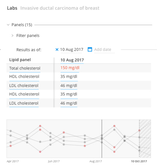

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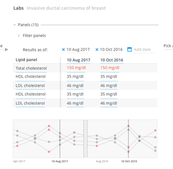

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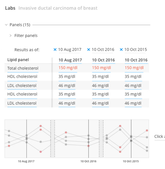

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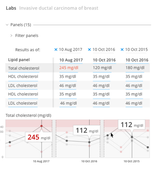
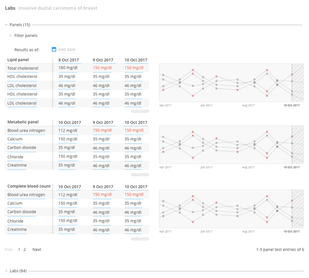


6.8 LABS INTERACTION (FULL SCREEN PATIENT RECORD VIEW)



7 CONTEXT TRAY (NOW)

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8 CONTEXT TRAY (FUTURE)

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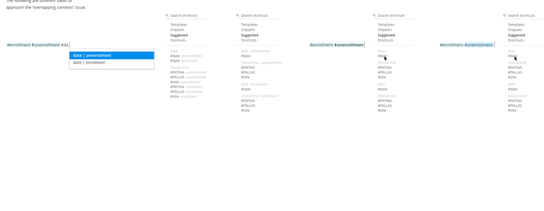
9 CONTEXT TRAY (OVERLAPPING CONTEXTS)

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