Untangling Technology and Provider Burnout

June 9, 2021

Introduction to HITEQ

The HITEQ Center is a HRSA-funded National Training and Technical Assistance Partner (NTTAPs) that collaborates with HRSA partners including Health Center Controlled Networks, Primary Care Associations and other NTTAPs to engage health centers in the optimization of health IT to address key health center needs through:

- A **national website** with health center-focused resources, toolkits, training, and a calendar or related events.

- **Learning collaboratives, remote trainings,** and **on-demand technical assistance** on key content areas.

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HITEQ Topic Areas

Access to comprehensive care using health IT and telehealth

Privacy and security

Advancing interoperability

Electronic patient engagement

Readiness for value based care

Using health IT and telehealth to improve Clinical quality and Health equity

Using health IT or telehealth to address emerging issues: behavioral health, HIV prevention, and emergency preparedness

Content for Today

Scoping Provider Burden

- The risks and prevalence of burnout

- Detangling regulations, requirements, and the EHR

Providers and their Technostress

- Introducing concept of Technostress

- Introducing Provider Tech profiles

- Discussing how to identify these

Tailoring Responses and Interventions

- Matching provider needs with available responses

- Managing expectations

Our Objectives

After participating in this series, attendees (that's you!) will be able to:

➔ Explain one or more distinct factor in provider burnout.

➔ Assess one or more characteristic that can inform intervention or response to provider need.

➔ Recommend one or more intervention or improvement based on known provider characteristic.

Your Facilitator

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SECTION 1

Scoping Provider Burden

Providers are burnt out. And most expect it to get worse.

And they *definitely* expect EHRs will make it worse.

Source: https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0689

![HEALTH INFORMATION TECHNOLOGY, HITEQ EVALUATION, AND QUALITY CENTER]

Challenge: Provider burden exists on a spectrum.

Family physicians and internists have some of the highest rates of burnout at more than 45%.

More than half of provider respondents to one survey noted that an overabundance of bureaucratic tasks (such as charting) contributes to burnout, and about a quarter identified computerization of practice (EHRs) as a contributor to burnout.

A 2018 study found primary care physicians spend more time in the EHR than on face-to-face time with patients, with the majority completing documentation in the EHR after hours.

Clerical and administrative tasks (documentation, order entry, billing/coding, system security) account for nearly half of EHR time. However, more than a third of providers agreed or strongly agreed that "Our electronic health record improves my job satisfaction", which is slightly higher than the number that agreed/ strongly agreed that "Using an electronic health record interferes with patient-doctor communication during face-to-face clinical care.".

For full information: Assessing Provider Satisfaction publication from HITEQ.

But, one recent study indicates that 20% of primary care practices have zero burnout.

Sources: Health Affairs Podcast: Features Of A Zero-Burnout Primary Care Practice; Health Affairs Cultural And Structural Features Of Zero-Burnout Primary Care Practices

As an ORGANIZATION, why is understanding and addressing burnout important?

For INDIVIDUAL clinicians, why is understanding and addressing provider burden important?

All Are Experiencing Lots of New Burdens

IT and EHR staff have been rolling out new templates, updating systems to meet Information Blocking and Good Faith Estimate requirements, writing reports for new grant reporting requirements, etc.

Intake and front desk staff may be answering the phone but also checking people in in the parking lot, conducting new screenings (like social needs screening or COVID screening), or providing support for patients signing up for the portal.

Management or compliance staff may be continually updating policies and procedures, keeping everyone updated with the latest regulatory and other requirements. With additional grant funding, there is also expectation to make investments and increased compliance considerations.

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HITEQ
EVALUATION, AND QUALITY CENTER

Note: Sometimes burden is blamed on the EHR, but is a much broader set of factors.

"Rapid technological evolution, a disorganized patchwork of regulations and policies, and misaligned incentives have created an inefficient and ineffective health care system that lacks coherent strategy or design."   -NEJM

Provider Experience with Data Sharing

An example of how Health IT is a part of a larger web of regulations, requirements, workflows, preferences, and technology.

An

Understanding how regulation impacts clinicians daily work, including interplay with other regulation.

Understanding what the clinician will do, and what will be done.

Making needed changes to EHR, and learning how to do what exactly needs to be done once changes are complete.

Layers on top of existing care imperatives, workflows, team structures, reporting structures, relationships across organizations, and just real life!

‘Burnout' matters, but how individuals and organizations go forward matters even more.

SECTION 2

Providers and their Technostress

Change Fatigue

Clinicians, particularly those who have been in the profession for longer have experienced unprecedented change in recent years, which is on top of the seismic changes that have occurred in recent decades.

Techno-stress

Technostress encompasses a wide range of concerns, including new tool complexities, insecurity around new tools, and "techno-overload" in the care process.

Techno-stress	Conditions
Techno-complexity	Health IT in various forms adds new elements and functions. For some providers, these **new functions add complexities to their jobs**. More time and efforts are needed in understanding and practicing new skills. Unsolved standardization issues, jargon, and complicated operation steps can make providers more intimidated and stressed.
Techno-uncertainty	Providers are not trained as engineers; they are not in favor of continuing technology upgrades and short life cycles of human-computer interaction systems. Caring for patients is already overwhelming, and **being pushed to update knowledge/ relearn technical-related skills rapidly makes them unsettled.**
Techno-overload	Over time, health IT systems have continued to incorporate more and more data compared to traditional records. Providers have to **work harder and even faster to find and review the data they need**, because the time has not been extended.
Techno-insecurity	Owing to the different personal characteristics, **some providers who are experiencing technophobia may dislike or fear technologie**s. Compared with providers or those who can better understand and handle new technologies, these physicians may lag behind and even lose their jobs.
Techno-invasion	With implementation of myriad EHR-integrated systems, patients may set higher expectations of providers including expectations to connect and respond to their questions rapidly. Sometimes, providers may even asked technical questions far beyond their responsibilities. This makes providers expand their regular roles and extend their work hours.

Which of these techno-stresses do you most see in your clinicians or identify with yourself?

So what do we do with that?

Given the complexity of factors (external) and experiences (internal) and available resources, we need to uncover commonalities in order to identify organizational changes that more comprehensively respond to the feelings and experiences providers are having.

SECTION 3

Tailoring Responses and Interventions

Matching Response to Need

Provider Profiles

The profiles are intended to help providers, peers, and teams recognize the different needs and motivations. No one profile is *better* than any other or more desirable or better suited for success. The best teams likely have a mix of these profiles who can work together to champion different activities and approaches.

Artisans

Creative data extractors/ appliers interested in insights offered by and uses of data from EHR and will do what is necessary to achieve these ends.

Guardians

Protecting/buffering patients from the harms of tech, some overlap with the Rationals, committed to preserving unique patient perspectives in notes and latitude for providers in the EHR environment.
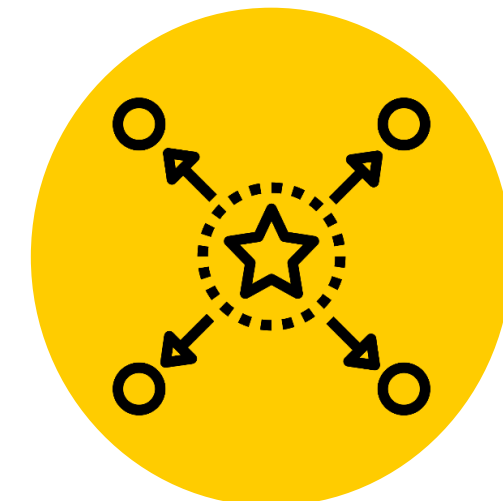
Idealists

Early adopters who have a great deal of faith in technology-- technology will fix it all! May not have staying power in the long adoption of technology, and sometimes struggle to see their personal role in success of tech.
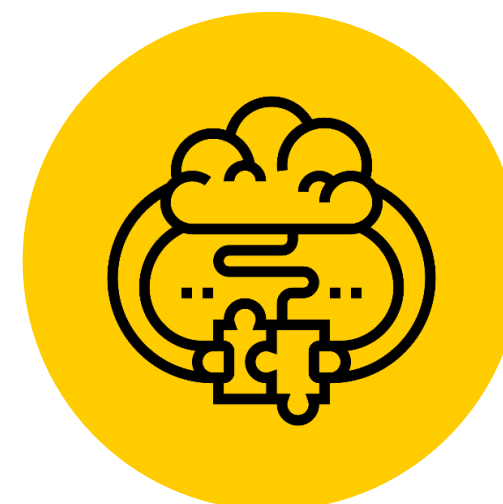
Rationals

Pragmatic, 'I do only what I need to do in terms of technology'- efficient but working around rather than through technology. Tend to have strong staying power once they believe in something and have adopted it.

What is the use of creating or using profiles for providers?

Strategies take at least two forms

Addressing WHAT providers need

- Tips and tools to make the system work for them
- Workflow guidance
- Clinical decision support that is relevant and actionable
- Insights into their patient population

Addressing HOW providers need it

- Real time vs. paper or PDF reports/ tools
- Instructions in meetings or word document vs. interactive instruction and opportunities to ask questions
- Posting on the intranet vs sharing live
- In a team meeting vs. in morning huddle

There is no single solution.

Clinicians are interacting with technology in busy and sometimes chaotic environments and clinicians are people with their own experiences and preferences (as we've discussed). These realities need to be considered and centered in plans. **Failing to do so (such as by just layering new technology on or ripping and replacing), will likely lead to more change fatigue and not improved burnout.**

Using profiles or other approaches to remember and center the needs and capabilities of providers while planning can be very helpful.

Identify What Is Below the Surface

Lack of Transparency

Transparency into regulatory and compliance, transparency into health IT tradeoffs, transparency into WHY.

Lack of Control Over Work

Lack of control over work can include the techno-stress we discussed earlier, and can also include requirements established by quality programs or payers.

Bottlenecks Arise or Persist

Bottlenecks such as rx refills, processing referrals, and prior authorizations can eat up precious time and grind down morale. Also, password management and inbox overload!

Training/ improvements are ad hoc

Marketers must link the price to the real and perceived value of the product, but they also must take into account supply costs, seasonal discounts, and prices used by competitors.

Build relationships across functional areas to better support use of and shared responsibility for the EHR.

Increase **contact and collaboration** between IT, EHR, Quality, and Clinical Staff.

Individual EHR 'champions' are important but do not replace a central entity that has responsibility for reviewing and addressing or responding to EHR needs.

Personalization and shortcuts in the EHR are important for clinicians, but it can take time to know what is needed and need to be supported by quality guidance and knowledge about IT.

Building Shared Responsibility for EHR through Contact and Collaboration

Example: Develop clear, actionable EHR guidance that is available to care teams where they need it and includes a process for feedback.

Why? This encourages and embeds transparency and autonomy, and identifies potential bottlenecks. It also allows Artisans to be creative and idealists to share ideas.

Example: Include someone from your EHR/ IT team (and maybe someone from quality team) in morning huddle..

Why? This provides line of sight into the day-to-day clinical processes (including challenges and pain points). This helps to identify needs and also understand clinician perspective.

Example: Develop structured onboarding process with scheduled optimization (setting up favorites, macros, smart phrases) and at-the-elbow training at 2 weeks, 1, 3, and 6 months..

Why? New providers don't necessarily know what they want, and scheduled contact increases transparency and control.
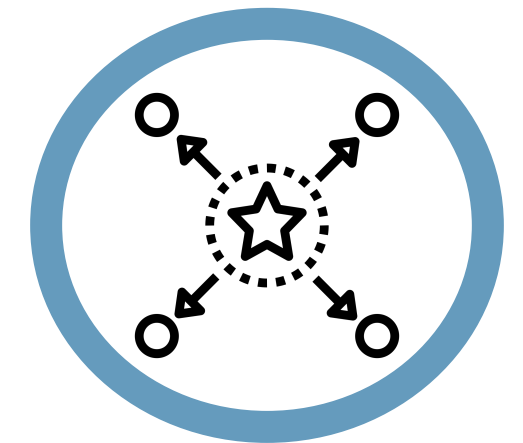
Example: Establish an "EHR Response Team" (which may be part of some existing group) that transparently receives/reviews requests, considers impact on all staff/ stakeholders, and prioritizes needed changes.

Why? Increased transparency, replaces ad hoc approaches, decrease in unintended consequences.

Create shared responsibility for high quality, accurate documentation that realizes value for the patient, provider, and organization.

Potential interventions:

Breakdown the workflow across roles (like a [swimlane diagram](#)) to identify what the provider must do vs. what others will do.

[Reimagining use of the care team for documentation](#) (such as through in-room support), moving to [scribes](#) (virtual or live), or virtual assistant-type tools.

Consider the return on these efforts in several ways: visits per day, time spent in the EHR, changes in closed care gaps.

High quality, accurate documentation that achieves objectives

Example: Separate documentation and regulatory requirements from EHR usability.

Why? There are many sources of frustration, and it may be helpful and clarifying to be clear what may change because of reporting requirements vs. what is determined by EHR structure.

Example: Build out shortcuts, favorites, order sets, and other tools that are tied to documentation needs (such as common tasks and meeting reporting requirements).

Why? Consistency in documentation is crucial for making systems work as expected and meeting quality standards.

Example: Provide actionable data at point of care, in the form of contextual insights with clearly defined solutions.

Why? This is is an important step forward in a crucial patient care quality and financial issue (teams not having clear access to the information they need),. Liberating data will liberate care. Well designed data integration, moving past insights into actionable data with well defined use cases.
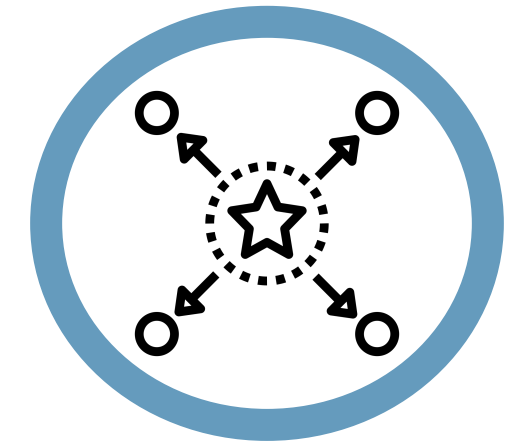
Example: Shift documentation away from providers by using scribes or other staff who are responsible for recording agreed upon information in the EHR.

Why? Team documentation or use of scribes was associated with lower burnout among providers (and when done with in-room support by MAs, it increased their satisfaction too!) while dictation/ transcription (and typing notes) were associated with higher burnout.

Some other tips from peers

Ways That May Work

- Real-time support (**phone-a-friend**)
- Open opportunities where clinicians can learn from each other
- IT/ EHR seeing what clinicians are truly doing
- Using IT tickets or EHR complaints as **data regarding pain points**
- **Adult-learner-friendly** materials such as visual references, checklists, cheat sheets
- **Solve logistical issues** like connecting to needed printers, password management, etc.

…and May NOT Work

- Emailed instruction document
- Self-paced trainings, webinars, or modules with no dedicated time
- One-time or just annual training
- Directives based on "poor performance"
- Shared in meetings with little or no follow-up

Think about democratizing transformation.

How can use of the profiles we described earlier help with implementing these ideas?

How do we know which profile fits?

Skills/ Capabilities

Preferences (Likes)

Motivation

Skills/ Capabilities

➔ Comfort with technology generally (**comfort** with online shopping and banking, managing pw for sites)

➔ Ability to **acclimate or adapt** to new technology

➔ Able to personalize other technology in their life (such as smartphone or Roku)

➔ Overall **confidence** with technology

Preferences/ Likes

➔ Preferring the **ability to tailor/ control tools** vs. preferring "**plug and play**".

➔ Specific challenges and frustrations (clicks, digging through information, too many messages/ alerts)

➔ Perceived **benefits** of technology

➔ Where energy is well spent in the EHR

Motivation

When does the provider **want** to interact with **technology**?

When does the provider **want** to interact with **data**?

How does the provider see the **value** of **data**?

Artisans

Creative data extractors/ appliers interested in insights offered by and uses of data from EHR and will do what is necessary to achieve these ends.

Likely to identify on the **higher** end of the Skills scales.

Top Concerns with EHR:
- Too much of a black hole. I enter information in and nothing seems to happen-- for example, doesn't make it to reports or no one takes responsibility to act on it.
- Too many documents or messages to review.

Primary benefits of technology:
- Ability to see across the patient population
- Improved patient safety
- Improved quality of care

EHR time not well spent:
- Training outside of my role (e.g., time spent on generic training)
- Responding to duplicate or redundant messages/care gaps.

More likely to want to interact with data than technology.

Artisans

Creative data extractors/ appliers interested in insights offered by and uses of data from EHR and will do what is necessary to achieve these ends.

Potential Tech to Address Their Unique Motivations and Preferences:

- High-quality dashboards/ analytics such as Relevant, Tableau, etc.

- Huddle sheets or other strong pre-visit planning tools

- Electronic check-in/ screening, allowing needed information to be available *prior to the visit*

- Digital workflow tools for care team tasks (such as smart filers or automation to manage returned documents, lab results, diagnostics, medication refills, referrals, etc.)

Guardians

Protecting/buffering patients from the harms of tech, committed to preserving unique patient perspectives in notes and latitude for providers in the EHR environment.

Less likely to consistently identify as being on the higher end of the Skills scales.

Top Concerns:

- The standardization required loses the unique characteristics/ narrative of my patients or encounters.
- Too much of a black hole. I enter information in and nothing seems to happen-- for example, doesn't make it to reports or no one takes responsibility to act on it.
- Alerts and other EHR features interrupt the patient visit.

Primary benefits of technology:

- Enhanced communication (between care teams, providers, staff, and/ or patient)
- Improved patient safety
- I don't think technology benefits my practice.

EHR time not well spent:

- Requirements (e.g., training or documentation) for time-limited grant opportunities or programs that detract from patient care.
- Structured data, checking boxes, meeting requirements that I don't feel pertain to my patients.
- Reviewing reports, data dashboards, etc. for quality measures that I don't feel reflect my work.
- Clicking, all the clicking.

Motivations:

- When it helps keep in touch with patients
- I'm able to look back over my notes for a given patient and understand their context.

More likely to identify as wanting to interact with data than with technology, less likely to identify wanting to interact with data (which has lost the context of the individual patient)

Guardians

Protecting/buffering patients from the harms of tech, committed to preserving unique patient perspectives in notes and latitude for providers in the EHR environment.

Potential Tech to Address Their Unique Motivations and Preferences:

- Scribes, virtual assistants, talk-to-type, ambient documentation.

- Patient-driven tools (Remote patient monitoring; messaging such as through the portal or other messaging tool)

- Addressing system slowdowns (through increased broadband, minimizing system overload, archiving documents when appropriate, etc.) so the system doesn't impede their interaction with the patient.
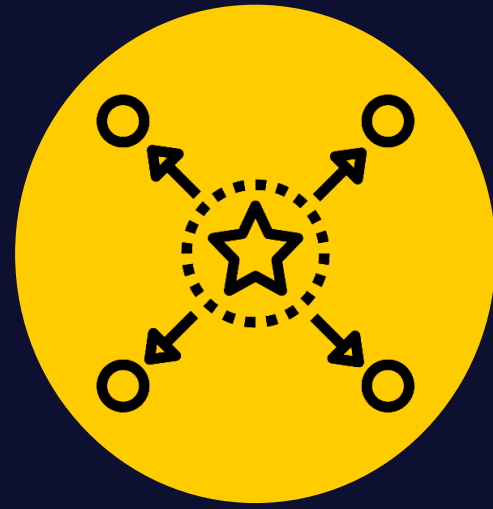
Idealists

Early adopters who have a great deal of faith in technology-- technology will fix it all! May not have staying power in the long adoption of technology, and sometimes struggle to see their personal role in success of tech.

Likely to identify on the **higher** end of the Skills scales.

Top Concerns:

- Too many clicks.
- Too much information to navigate through.
- Unable to locate the information I need when I need it.
- Too many documents or messages to review.

Primary benefits of technology:

- Increased efficiency
- Taking on/ completing repetitive tasks currently done by humans

EHR time not well spent:

- Requirements (e.g., training or documentation) for time-limited grant opportunities or programs that detract from patient care.
- Tasks that the EHR requires me as a provider to do, but could easily be automated or done by someone else.
- Clicking, all the clicking.

Motivations:

- When it's making my life/ my job easier
- When it's taking things off my plate so I can spend more time with my patients.
- When it's been proven accurate

More likely to identify as wanting to interact with (or make use of) technology.
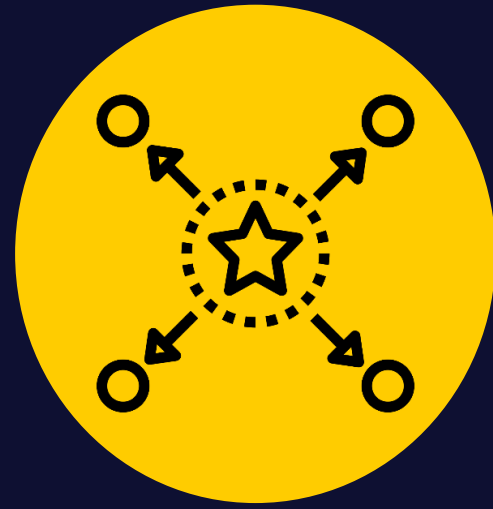
Idealists

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Potential Tech to Address Their Unique Motivations and Preferences:

- Ambient documentation, virtual assistants, talk-to-type, Scribes—technology that shifts the burden of documentation.

- Robotic Process Automation to algorithmically complete tasks that are currently taking up staff time.

- Designing/ building shortcuts, favorites, and order sets or other automations.

- Single sign-on

Rationals

Pragmatic, 'I do only what I need to do in terms of technology'- efficient but working around rather than through technology. Tend to have strong staying power once they believe in something and have adopted it.

Less likely to consistently identify as being on the higher end of the Skills scales.

Top Concerns:
- Too many clicks
- Too much information to navigate through.
- Too many documents or messages to review.
- Alerts and other EHR features interrupt the patient visit.

Primary benefits of technology:
- Improved patient safety
- Supports coordination of team care
- It's a 'necessary evil' for billing and reporting, but that's about it.

EHR time not well spent:
- Responding to duplicate or redundant messages/care gaps.
- Responding to duplicate or redundant messages/care gaps.
- Training outside of my role (e.g., time spent on generic training)

Motivations:
- When it improves my ability to care for my patients
- When it's been proven accurate and helpful
- When it's use cases/ purposes are very clear.

May be somewhat more likely to identify as wanting to interact with data (or information) than with technology.

Rationals

Pragmatic, 'I do only what I need to do in terms of technology'- efficient but working around rather than through technology. Tend to have strong staying power once they believe in something and have adopted it.

Potential Tech to Address Their Unique Motivations and Preferences:

- High-quality dashboards/ analytics

- Patient engagement tools that address known challenges such as texted appointment reminders to minimize no-shows.

- Using shortcuts, favorites, and order sets for common scenarios (unlikely to build them or design them, but more likely to use them when they save time)

- Addressing system slowdowns or other inconveniences (such as connecting to printers, knowing where to find common apps, password management etc.) so they can continue to operate efficiently—also single sign-on.

Thank you!

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HITEQ

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