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Go Beyond EHRs to Address Labor Shortages and Reduce Clinician Burnout

By **Brian Silverstein, M.D.**, Chief Population Health Officer, *Innovaccer*

To an alarming degree, the COVID pandemic has intensified clinician burnout and the healthcare industry's worrisome labor shortage.[1] Almost 20 percent of healthcare workers have quit their jobs during the pandemic.[2] Medscape's 2021 report on physician burnout and suicide stated that 42 percent of physicians cite burnout as a significant factor in their current work circumstances.[3] Already struggling to fill clinical roles before COVID, many over-stressed hospitals and health systems have approached a breaking point.

In response, an increasing number of health systems and states are devoting precious financial resources to entice clinicians, especially nurses, with large bonuses and rewards.[4] The need for mental health services for healthcare workers is also growing.[5] These initiatives and responses may be worthy, appropriate, and even overdue in some cases, but they are unlikely to solve the complex dual challenges of clinician burnout and the labor shortage because they do not address one of the fundamental drivers of clinician dissatisfaction and frustration: the burdensome EHR system.

In the same Medscape report, 79 percent of physicians said their burnout began before the COVID pandemic. Over half (58 percent) blamed excessive bureaucratic

1   Paulina Firozi and Sarah Fowler, "'Emotionally, Physically, Mentally Tired': Nurses Say Morale Has Hit a Pandemic Low," *The Washington Post*, October 15, 2021.
2   Kelly Gooch, "18% of Healthcare Workers Have Quit Jobs During Pandemic: Morning Consult," *Becker's Hospital Review*, October 4, 2021.
3   Leslie Kane, *'Death by 1,000 Cuts': Medscape National Physician Burnout & Suicide Report 2021*, January 22, 2021.
4   Kelly Gooch, "6 Incentives Offered by Hospitals to Attract Workers," *Becker's Hospital Review*, September 10, 2021; Alex Kacik, "Alabama Redirects $12.3 Million in CARES Funding to Mitigate Nursing Shortage," *Modern Healthcare*, September 3, 2021.
5   Stephanie Goldberg, "Treating Burnout in the COVID Ward," Crain's Chicago Business, September 3, 2021; "The Mental Health of Healthcare Workers in COVID-19," Mental Health America.

→ Key Board Takeaways:

The pandemic is not the root cause for labor shortages and clinician burnout. It accelerated them. Initiatives are being launched to retain and attract clinicians, but they are unlikely to fully solve the complex challenges because they do not address one of the key causes: increased repetitive low-value administrative duties. For the board, addressing this challenge involves:

- Understand that EHRs were built to create a digital patient record, track utilization and process billing, and meet compliance requirements, not to improve information entry, care coordination, health outcomes, and patient engagement.
- Appreciate that while EHRs have clearly improved data capture around the transaction of medical care, the experience and impact on care teams and patients and operational impact has been a negative one, and the anticipated impact on health outcomes has not been achieved.
- Determine how much of a role digital solutions play in your overall growth strategy.
- Develop a plan for unifying data from multiple sources, including EHRs, consumer data, claims, SDOH, and other community and third-party data.
- Assess how your digital growth strategy supports your goals for better care, lower costs, enhanced coordination, and improved patient experience.
- Incorporate feedback from workforce leaders on the experience and effectiveness of dashboards and apps, including whether they can be operated on any device, have an intuitive interface, and reduce or eliminate administrative tasks and repetitive reporting with automation.
- Assess existing and planned digital infrastructure to ensure that workforce has the tools needed to be as efficient and effective as possible.
- Measure impact on clinician engagement, satisfaction, and burnout to determine effectiveness of new and existing digital tools.

tasks. In other pre-pandemic surveys, EHR use was ranked as the second greatest source of clinician frustration and burnout[6] and 75 percent of clinicians attributed burnout to their struggles with EHRs.[7] In other words, COVID did not cause clinician burnout; it accelerated it. EHRs are a major and addressable source of burnout and administrative burden afflicting clinicians today.

Here's a two-birds-with-one-stone solution: by radically improving the cumbersome EHR process, the healthcare industry would significantly free up clinician time *and* improve care coordination, patient engagement, and health outcomes. This would effectively shrink the labor shortage gap and reduce the burnout that comes with diminished clinician satisfaction and engagement.

What will that take? Traditional approaches to EHR optimization have only incrementally improved workflow and facilitated easier information access. However, over the past five years, technologies have been developed that complement EHRs and significantly improve the way clinicians interface with them. It's time for boards and senior leaders to consider how their organizations can implement those solutions more comprehensively.

The Blackhole of Data Entry

Workplace technology is meant to improve processes and lift productivity. Yet, in the case of EHRs, the time clinicians now spend on data entry has not significantly improved compared with the time they spent on paperwork before the EHR era. In fact, some reviews suggest physicians spend up to three times longer processing patient records because of EHRs[8] and twice as much time interacting with the EHR than they do with their patients.[9]

For clinicians, the biggest change since the implementation of EHRs is the hit to patient care and job satisfaction. Filling out patient reports and prescribing treatments through EHR data entry is arduous and not intuitive. It requires highly

6   "What's Ruining Medicine for Physicians: Difficulty Using EHRs," *Medical Economics Journal*, December 25, 2018.

7   Sandy Robertson, Mark Robinson, and Alfred Reid, "Electronic Health Record Effects on Work-Life Balance and Burnout Within the I3 Population Collaborative," *Journal of Graduate Medical Education*, August 2017.

8   James Siegler, Neha Patel, and C. Jessica Dine, "Prioritizing Paperwork Over Patient Care: Why Can't We Do Both?," *Journal of Graduate Medical Education*, March 2015.

9   "Doctors Call for Overhaul of Electronic Health Records" (press release), Stanford Medicine, June 4, 2018.

skilled clinicians to engage in repeated entry of low-grade information. This detracts significantly from engagement with patients—the primary source of clinician satisfaction—and does not noticeably improve health outcomes, work efficiency, or patient satisfaction.

Consider the typical primary care visit. The patient is forced to repeat the same information multiple times. Meanwhile the clinician devotes precious time and attention to data entry with little payoff in terms of insights derived from the patient record, lab tests, images, other interventions, or evidence-based best practices. EHR systems also frustrate clinicians with pointless alerts.

This diminished professional satisfaction and experience can have a profound impact. Studies show that workplace stress and burnout reduces job satisfaction and experience overall and undermines communication, attention to detail, cognitive processing, creativity, mental agility, curiosity, patience, and empathy.[10] Understandably, this also hurts teamwork, quality of care, information sharing, safety, and patient engagement. Even worse, it contributes to anxiety, depression, substance abuse, and suicide among clinicians.[11] While all these problems are worsening with COVID, the pandemic is not the only cause.[12]

For clinicians passionate about their calling, this burnout has brought them to a breaking point. With emotional and physical resources exhausted, an increasing number are choosing to leave their organizations, retire early, or even abandon their profession entirely.[13] For those left behind, this labor shortage only creates more work, stress, and burnout.

That negative feedback loop will not be slowed or stopped without addressing the forces that drive it—including the EHR.

10 Robert M. Sapolsky, "When Stress Rises, Empathy Suffers," *The Wall Street Journal*, January 16, 2015; Natasha Khamisa, et al., "Work Related Stress, Burnout, Job Satisfaction, and General Health of Nurses," *International Journal of Environmental Research and Public Health*, January 2015.
11 Christine Stehman, et al., "Burnout, Drop Out, Suicide: Physician Loss in Emergency Medicine, Part I," *Western Journal of Emergency Medicine*, May 2019; Amanda Kingston, "Break the Silence: Physician Suicide in the Time of COVID-19," *Missouri Medicine*, September/October 2020.
12 Gary Price, "The Elephant in the Doctors' Lounge," *Medpage Today*, July 4, 2021.
13 Karen Gilchrist, "COVID Has Made It Harder to Be a Healthcare Worker. Now, Many Are Thinking of Quitting," CNBC Make It, May 30, 2021; "Nearly Half of Kaiser Nurses Consider Leaving Profession as Contract Deadline Looms," KATU, September 14, 2021; Mackenzie Bean, "Physicians, Nurses Are Eyeing a Healthcare Exit: 4 Statistics to Know," *Becker's Hospital Review*, October 13, 2021.

A Renewed Focus on Enriched, Timely, and Accessible Patient Information

The fundamental problem with EHRs is that they were built to tally care utilization and process billing, not improve information entry, workflow, care coordination, health outcomes, and patient engagement. Fundamentally, they were also not designed to make it easy for the user to enter information. For clinicians, an EHR is the wrong tool or solution for facilitating patient care.

The first EHRs developed in the 1970s were actually designed with clinical and patient needs in mind. While relatively primitive, that technology supported patient information sharing and longitudinal record keeping. Unfortunately, the reimbursement demands of fee-for-service medicine trumped clinical care needs. The EHRs most providers use today facilitate and maximize reimbursement, not ready access to clinical insights and patient information.

Clinicians are right to suspect that modern EHRs actually impede care coordination and information access, entry, and workflow. The technology typically operates as a closed system, meant to defend the provider organization against revenue losses and patient leakage to rivals. Unfortunately, this also creates barriers inside organizations between clinicians, departments, and specialties. Because of the barriers to sharing, the 21st Century Cures Act was passed by Congress in 2016 in part to force information sharing between EHRs and other systems.[14]

Despite these limitations, almost every traditional hospital and health system uses the EHR as their login screen. This means that clinicians engage with the transaction engine of the organization rather than a clinical and patient knowledge hub.

Other industries do it differently. For example, the travel industry relies on the Sabre Global Distribution System as a transaction engine, but airline, hotel, and car rental employees and customers don't log in to Sabre to search options, make reservations, and book tickets. Instead, these customer-focused companies layer interface software on top of Sabre to facilitate searches, reservations, transactions, etc., making it easier for all stakeholders to conduct business and communicate.

That kind of interoperability immeasurably enhances commerce and empowers customers. The banking industry recognized this need when they created an open

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14 Peter Nichol, "21st Century Cures Act's Impact on Healthcare Interoperability," *CIO*, December 16, 2016.

network to make financial transfers possible across all ATMs and businesses. Cashiers and customers don't need to navigate cumbersome data entry systems to facilitate a purchase—they just need to use their trusty debit card.

Interestingly, healthcare organizations that take full risk and promote value-based care, patient engagement, and better consumer experience (think Oak Street Health and One Medical) have developed their own customized software stacks to better leverage their EHRs. Clinicians and patients interact with the EHR through user-friendly portals that facilitate clinical and patient information flow, enhance rather than impede engagement, and support better care with meaningful insights, robust coordination, and appropriate treatment pathways. This is evidence that alternatives in the marketplace do exist, and there is no need for clinicians to be tied to the yoke of the traditional EHR.

Edit or Replace?

EHRs were a necessary first step in healthcare's digital transformation. The shift from paper records and faxes to zeroes and ones is foundational to better patient care and population health. However, healthcare's transaction-focused EHR-driven system is clunky and ill-suited for the needs of clinicians and patients.

An entire patchwork sector has arisen to implement costly but incremental improvements to EHRs. While fixes that remove pop-ups, reduce alerts, transcribe or automate entry, bring some machine intelligence to searches, and speed up processes all alleviate a certain level of everyday frustration, they are only a hodgepodge of bandages, and will not replace or transform the EHR system itself.

Optimizing EHRs is insufficient, but getting rid of EHRs is not the answer either. Despite their limitations, EHRs have aggregated massive quantities of patient and clinical claims data. It's time to advance them by overlaying the core transaction engine with portals, dashboards, and sophisticated data, analytics, and automation capabilities. The board's role is to review and approve the overall IT strategic plan and ensure it has clear objectives and time horizons. Management's role is to create and implement it.

To be truly patient-centric and clinician-supporting, those enhanced systems must:
- Combine patient data from other rich streams and sources, including consumer data, SDOH data, and other community and third-party data.
- Leverage that data with intelligent analytics to make clinicians smarter and more knowledgeable, while supplying them with meaningful care insights whenever needed, including the point of care.

- Facilitate access ease through dashboards and apps that can operate on any device at any time with an intuitive user-friendly interface.
- Automate and eliminate administrative tasks and repetitive reporting.
- Free clinicians to engage with patients, not toil in data entry.

With that technology overlay, clinicians will have power at their fingertips that supports patients in achieving best health outcomes. For the provider organization, that expanded clinician capacity effectively addresses the labor shortage challenge while reducing burnout by improving morale, engagement, and clinician performance.

As an example, at Banner Health, digitization of the health system is part of the board's strategic plan. The board's objective is to help patients access care more easily and have a more integrated experience. To accomplish this, management has established a unified patient data platform and is assembling an array of assets on top of that, including hospital-at-home services, remote monitoring, digital therapies, digital engagement tools, and services that facilitate registration and simplify billing. It's believed that the improved patient experience and tech-enabled care coordination will also support clinicians in providing better care and engaging with patients.[15]

That's the kind of productivity technology should offer: for organizations, greater efficiency and happier associates; for clinicians, less stress, less burnout, less time with tech, and more time with patients and their human needs.

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15 Jessica D. Squazzo, "Have You Future Proofed Your Organization?," *Healthcare Executive*, January/ February 2022.