How Clinical Leaders Get a Seat at the Table for **Tech Decisions**

juno EHR

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Technology that was meant to help healthcare has had unintended consequences.

Older clinicians might remember a time when they could sit across from their patient and glean everything they needed to know for that visit. Height, weight, how the patient was feeling – right there scribbled into the patient file by their own hand. Appointments were spent listening, comforting and coming up with a care plan to get them back to feeling great.

The process had its flaws, as most manual processes do with spelling errors or word omissions, unchecked by technology. But the clinicians felt connected to their work and to their community.

With the HITECH Act and Meaningful Use Initiative, passed in 2009, came a world of change. Meant as a way to streamline patient care and digitize the medical record system to improve safety and efficiency, these programs ushered in the era of the electronic health record.

The next generation of healthcare professionals may have experienced the ease of documentation and lessened distractions in provider/patient interactions that paper records provided at some point in their training. However, the vast majority of clinicians – both physicians and nurses – are coming up in a world rife with EHRs. One young physician recounted their time in medical school recalling being exposed to *16 different EHRs* and described them all as "clunky, unintuitive, and disruptive to the patient-physician encounter."

That is a common sentiment across the field for healthcare professionals of all ages and levels of experience. Even though relatively new, EHRs have created a myriad of issues. One of the major issues has been that there is a language barrier between the technical/IT teams that understand the technical needs but not the clinical implications and providers understand the clinical implications but not the technical/backend needs.

Ulitmately, the technology that was meant to help healthcare has led to epidemic levels of burnout, erosion of clinician-patient relationships, and a fundamental disconnect between healthcare administrators and those on the front lines.

Clinicians feel like decisions are happening **TO** them and not **WITH** them.

The EHR has become much more than merely a digital version of a patient's chart. It's now the hub of their entire clinical existence – from care coordination to medication to billing. Their use has fundamentally altered how clinicians provide care, interpret lab results and even communicate with patients. And while the first EHRs might've been reserved for large academic or research hospitals, today's EHRs can be found in exam rooms, front offices and throughout hospitals of all sizes.

With so much ubiquity, what could possibly be the issue?

Early EHRs contained little more than a patient's vitals for any particular visit. But over time and as administrators and researchers alike saw the benefits of using EHRs to house historical data that could later be studied, shared and even monetized, additional information gathering was encouraged.

By the early 2000s – still well before the Meaningful Use Initiative spawned widespread use of EHRs – these digital records began to contain family histories, medical device information, medication lists, past procedures and billing information. All buried in an outdated interface, sometimes dozens of clicks deep.

Some of this additional information has led to improved patient outcomes but to get this level of "note bloat," physicians and nurses spend twice as much time on data entry and retrieval as compared to time providing actual patient care. In fact, a joint study from Stanford Medicine and The Harris Poll revealed that of the 31 minutes clinicians have – on average – with their patient, 19 of them are spent interacting with the EHR. This increased clerical time coupled with poor usability associated with EHRs has become a main cause of clinician burnout.

In fact, a related study that set out to measure the correlation between EHR satisfaction and the well-being of nurses found that 50% of those surveyed agreed or strongly agreed that the EHR added to their daily frustration. And in a survey of over 5,000 physician EHR users, the researchers found that EHR usability largely received an "F" rating when evaluating a standardized metric of technology usability.

Beyond the emotional toll, it's causing a mass exodus in clinician talent as well – especially nurses.

EHR usage has become such a major factor in clinician burnout that Congress enlisted the help of the Office of the National Coordinator to develop a way to dissect the inherent issues. The resulting report named two main contributors to increased provider burden: the poor design, implementation and usability of EHRs and the ineffective exchange of the health data contained within them.

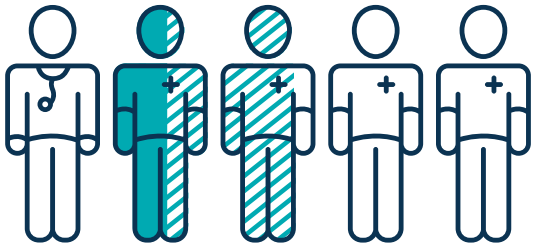
Put another way, the low ratings EHRs were receiving were strongly tied to clinician burnout. For nurses, who outnumber clinicians four to one, burnout percentages range from 15 to 45 percent across the profession.

This level of burnout coupled with the preexisting nursing shortage will have a tremendous trickle-down effect throughout healthcare. And in the case of rural hospitals, the outlook is even more bleak with nine in 10 rural hospital leaders expressing increased concerns about staff burnout.

It's clear that the EHR as we know it today needs to be massively overhauled, but who gets a say in the process? With the workforce burnt out, frustrated and leaving in epidemic numbers, IT leaders, hospital administrators and clinicians themselves are all left wondering how to get a seat at the decision-making table.

4 to **1**

Nurses outnumber clinicians and experience high burnout rates according to a HIMSS Survey*



Nurses burnout percentages range from 15-45%

* HIMSS study conducted in February 2020. Respondents represented U.S. hospitals and health systems in acute care settings with 500 or fewer beds.

Who can help and how?

Despite epic levels of burnout among clinicians and record migration away from the nursing profession, healthcare organizations are still facing a major challenge in how to gather the right kind of feedback and apply what is learned to turn things around. But there's hope...here's what various groups within the healthcare setting can do to bridge the divide between clinicians and the technology they use.

Clinicians

The most important group in raising the visibility and viewpoints of clinicians in technology decisions is clinicians themselves.

Dissatisfaction with EHRs has been extensively – though not exhaustively – studied and some clinician activity metrics have been proposed, yet few interventions or solutions have been made available to lessen the burden of documentation clinicians face.

In some cases, especially in rural hospital settings, clinicians have admitted to purposely remaining out of compliance with EHR incentive programs like the Meaningful Use Initiative "in favor of mitigating documentation burden," according to a review from the Journal of the American Medical Informatics Association.

Part of the problem is that everyone is acutely aware of how burnt-out clinicians have become, and often their feedback is viewed as a knee-jerk reaction, not a serious matter for consideration. And another part is that the questions simply aren't being asked. According to a Deloitte study, 66% of physicians were never asked for feedback in EHR decisions. To combat this, clinicians must take advantage of every invitation to a survey or listening session that happens to roll into their inbox.

Each time the hospital administration releases a call for feedback, it's a new opportunity for clinicians to provide a detailed snapshot into the issues they're facing. The most impactful feedback needs to be descriptive and prescriptive – think concise, factual, quantitative – so that it's more meaningful to the people who can make changes.

Additionally, clinicians need to develop a cadre of leaders who understand IT and how it is utilized most efficiently. This collaboration between clinicians and IT means they can develop a shared understanding and language for the challenges and opportunities in the day-to-day clinical settings where technology is either needed, helping or hindering.

Historically, this collaboration has not gone well as clinicians and IT professionals do not speak the same language. Clinicians need to take the lead on bridging the communication gap, and they should be highly motivated as end users of the technology.

The benefit on the IT side is that with open dialog and more input from clinicians, they will have a much better understanding of how workflows proceed from a different perspective and should make better decisions on technology solutions that improve patient, staff and physician satisfaction, provide more efficient care to more people, and create healthcare equity.

By advocating for a seat at the table, clinicians can help break down the silos that exist within the hospital decision-making structure and create a sense of partnership that will ensure the right EHR is chosen when the time comes.

Healthcare IT

Even though their jobs don't directly involve saving lives, the projects healthcare IT professionals undertake do impact a clinician's ability to provide care. And that comes with a lot of stress. HIT is aware of the challenges clinicians face when using EHRs, but the system is complex and simply standing up a new EHR isn't feasible.

Instead of promising a massive overhaul, there are small but meaningful changes that can be accomplished through improved training, shadowing and listening. It may not always be the software that's the problem.

HIT can help people understand why training is important and offer advanced training sessions to clinicians. EHR systems often have features that allow rapid access to data or customization options that would otherwise remain unknown. In some cases, a training issue becomes evident when comparing different users' interactions with the EHR. Researchers found 475 cases in which two physicians in the same specialty used the same EHR system but had vastly different experiences. Investing time in training can reduce the frequency of these issues and pay off in long-term time savings and a reduction in frustration for both sides.

The IT team can also be listening to clinicians' feedback and comparing that with analytics from the EHR itself or shadowing the clinicians to see firsthand how the software is being used. One hospital in Pennsylvania found success in streamlining a workflow to get patients to the right specialist from a complicated and frustrating multi-click process to one that asked just two questions, simply by observing the data and removing unnecessary steps.

When it comes to eliciting and making good use of feedback, the key is to ask simple questions – on a scale of 1-5 how do you like this EHR, or how do you like this new feature – and be willing to offer shortcuts, host trainings or appoint "super users" who can be connected to those who need help.

Hospital administration

As the gatekeeper between departments, hospital administrators are being tapped from every angle to pay attention to something. In the case of clinician burnout, that "something" is the excessive burden of using EHRs to facilitate patient care.

Polls and surveys are excellent tools for getting the feedback loop going. They'll want to think critically about not only what they're asking clinicians but how they're asking. Quantifiable questions are key: "How long does it take do x?" "How many clicks does it take to get to y?" The questions need to be able to produce answers that help measure burnout in meaningful and actionable ways.

Other options would be to host lunch-and-listens or listening tours where administrators have an opportunity to hear firsthand from the clinicians on the front lines. Frequency, transparency and follow-up are all integral to the feedback process, so these measures should be implemented as often as possible, studied and the key takeaways posted publicly so people feel heard.

Top-5 EHR-related challenges for both physicians and nurses, by the numbers:

90% Of rural hospital leaders expressing **increased concerns about staff burnout**

61% **Time spent**, on average, interacting with EHR while with a patient

40% of EHRs have usability issues that have the **potential to cause harm to patients**

84% of nurses surveyed reported that EHRs have **disrupted their workflows and productivity**

40% Doctors surveyed by Stanford Medicine report there are **more challenges than benefits** for EHRs

For EHRs to become truly useful tools and liberate clinicians from the busywork, a revolution in usability is required.

There's no doubt that clinicians need more consideration during the software cycle decision, and it's also true that administrators believe they're already getting it. But are they truly understanding? The onus is really on the clinicians to be proactive – and not take "no" for an answer when it comes to their feedback being considered. They're the most important voice to consider in the decision – especially if the decision is to stay with the status quo.

Ultimately, the key is more collaboration, more listening, more empathy – administrators, healthcare IT and clinicians need to keep finding ways to work together.

With enhanced skillsets and context, clinician leaders will be able to obtain a seat at the table and "translate" clinical input into the language that the IT staff understands, and administrators can make actionable.

EHRs are here to stay and with them ever-present in patient care, we may never get back to those clinician-patient relationships of old. But through active listening and frequent feedback loops, EHRs can be made more effective and less burdensome so they become the useful tools they were intended to be.

We're about to Change **EHRything...** together.

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