Prevention of Clinician Burnout Through Proper Inbox Management

By David Lee Scher, MD, for the HIMSS Clinician Burden Reduction Task Force

The two previous posts introduced the association of the electronic health record (EHR) with clinician burnout and the rationale for the HIMSS Clinician Burden Reduction Task Force Toolkit. This final post will discuss the importance of inbox workflow management in preventing clinician burnout, as well as potential solutions offered by the Task Force Toolkit.

The clinician inbox is a significant contributor to clinician burnout; clinicians spend a substantial amount of time both at and away from work devoted to this area of the EHR. The COVID-19 pandemic was a watershed event which dramatically increased both the importance of the inbox and in the volume of its data and correspondence traffic.

In addition, remote patient monitoring, now covered by insurers for many chronic disease states, results in a deluge of data directed to clinicians. The diversity of data and messages contained in the inbox complicates clinicians' workflow and decision-making tasks.

Although non-physician clinicians face their own inbox challenges, the physician inbox will be discussed specifically because it is the most problematic. However, it also serves as the model for which remedies will be shared among all clinicians. The physician inbox contains dozens of entries which may be categorized as either *clinical* or *non-clinical*.

Clinical entries include lab and test results and clinical questions or electronic consultations from colleagues and care team members, as well as patient/caregiver correspondences with clinical questions or problems. *Non-clinical* entries may include such things as correspondences from insurance companies with preauthorization, disability or prescription questions and patient notes for work or government agencies.

A major source of burnout from the physician inbox is the influx of entries that can be handled by other clinical or clerical staff members. These entries may result in unnecessary stress and resentment towards administrators because of perceived underappreciation of the physician's role and may exacerbate symptoms of burnout. The Task Force's Inbox Workflow Improvement Plan includes recommendations for redesigning inbox workflows and entry role assignments. Foundational principles of the Toolkit include the following:

- Ambulatory care extends beyond the provider-patient interaction and necessitates comprehensive resources to provide clinical care safely, efficiently and effectively.
- Efficient and effective care should involve patient engagement through use of patient messaging systems (inbox).
- Utilize a HITECH certified messaging system for communication between patients, their proxies and healthcare practices.
- Staff must operate within the defined scope of practice.
- Organizations should have clear and defined accountability for managing clinical workflow tasks.
- Clinical team members should be proficient in the use of their EHR system's tools and shortcuts to effectively manage workflow tasks.
- Establish workflows for prompt addressing of patient messages that align with professional standards and policies.
- Regularly review and prioritize patient messages throughout the day to prevent delays in patient care.
- Set procedures for handling clinical tasks during provider absences to ensure continuity of care.
- Monitor operational, quality, safety and patient satisfaction metrics as they relate to patient messaging practices.
- Consult with your legal team for inbox processes to assure all regulations are met.

In summary, these changes in processes and procedures recommended by the HIMSS Burden Reduction Task Force in the Inbox Workflow Improvement Plan, which is accessible on the Toolkit page, along with appropriate continuous monitoring and oversight, can potentially decrease clinician burnout and improve patient care.