

Physicians weigh in: 5 keys to fixing the EHR inbox

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The much-maligned physician inbox—which the average primary care physician spends 49 to 85 minutes dealing with daily—is often difficult to use and filled with excessive and unnecessary messages that decrease face-to-face time and lead to stress that has been associated with physician burnout.

Looking for ways to make electronic health record (EHR) inboxes more physician-friendly, researchers went directly to doctors to get their feedback on what would make the tool more efficient and relevant. The qualitative analysis included interviews with 25 physicians at six large health care organizations.

The result: Five key takeaways and 28 specific suggestions to improve the physician inbox, with the expectation that, in turn, there will be a reduction in physician burnout and an increase in patient safety. The original investigation, “An Exploration of Barriers, Facilitators, and Suggestions for Improving Electronic Health Record Inbox-Related Usability,” was recently published in *JAMA Network Open*.

The AMA STEPS Forward™ program, an open-access platform featuring more than 50 modules that offer actionable, expert-driven strategies and insights supported by practical resources and tools, offers help on improving inboxes. The “EHR In-Basket Restructuring For Improved Efficiency” module helps physicians learn to more efficiently manage messages to provide better, more timely patient care.

Authors of the *JAMA Network Open* study wrote that vendors and health care organizations “will need to work collaboratively to improve the safety and efficiency of inbox management and disseminate best practices to other organizations.”

Five key takeaways

Here are the 28 things physicians would like to see change in the five key areas they identified in the study as needing an overhaul.

Make it simpler to process messages

- EHR-based workflows that match clinical workflows.
- Reduced number of mouse clicks to accomplish an action.
- Templated text of common test result interpretations for patients.
- Contextual information—for example, trends—that is easily accessible from the inbox.
- Related results—for example, all results in a panel—presented together and in way that physicians are used to seeing them.
- A message subject line that matches the full content of the message.

Improve inbox interface design

- Highlight abnormalities or other deviations from normal to make them more salient.
- Test results that can be quickly trended over time.
- Hidden interface elements that are irrelevant, distracting or duplicated.
- Displays that physicians can customize to their needs, when possible.
- Interface elements that are easy to understand and avoid technical terminology.
- Features to prioritize messages and ensure priority messages are easily visible.
- Messages delivered to a single inbox, or clear and practical rules to deliver messages to different inboxes.

Cut the cognitive load

- Customizable reminder or to-do lists that remind physicians to take action for a particular patient at a future date.
- A way to assign priority to messages and enable sorting by priority to triage work.
- Messages that allow added comments or tags to facilitate subsequent review.
- Flagging, sorting and filtering options for messages to enable prioritization and triaging.
- A way for new messages to be easily distinguished from previously read messages.

Enable better team communication

- A system to prevent messages from disappearing until the physician explicitly indicates that is desired, such as a complete button.
- Read receipts to ensure closed-loop communication.
- An out-of-office message to indicate when an inbox is not being actively monitored.

- A function that allows one to manually forward inbox messages to others.
- A way for physicians to automatically receive or otherwise review messages sent to other physicians whose patients they may be temporarily caring for.
- A system to incorporate staff into the message triaging process rather than sending all messages to physicians.
- Let tasks be distributed among clinical team members.

Cut the message volume

- Reduce messages that do not affect care.
- Educate staff to avoid sending messages to clinicians when the message does not affect care the clinicians provide.
- Prevent duplicate messages.