



# EHR Inbox Reduction Checklist for Health Care Organizations

Eliminate unnecessary burdens and improve workflows in the EHR at the organizational level with this checklist.

## Guiding Principles

<input type="checkbox"/> <b>Establish an inbox reduction task force</b>	<p>The task force may include the following:</p> <ul style="list-style-type: none"> <li>• An organizational champion at the C-suite level</li> <li>• Clinical operational leaders</li> <li>• IT operational leaders</li> <li>• Compliance professionals</li> <li>• Patient experience leaders</li> <li>• Practicing physicians</li> <li>• Care team members</li> <li>• A process improvement specialist (in-house or consultant)</li> <li>• An EHR vendor representative</li> </ul> <p>Financial investment may be required to ensure the task force has adequate time and resources for this effort.</p>
<input type="checkbox"/> <b>Use EHR audit-log data</b>	<p>This data will help the task force understand the current state and assess the impact of interventions to reduce inbox volume. For example, Epic’s Signal data or Oracle Cerner’s Advance program data can help identify variations in the number of messages per 8 hours of patient scheduled time within and across specialties. Additionally, with this data, the task force can analyze the volume of messages in different subcategories.</p>
<input type="checkbox"/> <b>Create a culture of a shared team inbox</b>	<p>Establish the cultural norm that <u>the inbox belongs to clinical teams or pods</u>. Use nomenclature that reflects this culture, for example, by referring to the “practice’s inbox” or the “care team’s inbox” rather than the “physician’s inbox.”</p>
<input type="checkbox"/> <b>Go upstream</b>	<p>Start with a goal of preventing unnecessary messages from entering the inbox in the first place rather than increasing the efficiency of message handling (though both are important).</p>

## Starting Tactics

<input type="checkbox"/> Consider deleting most inbox messages that are >6 months old	Some organizations have found that starting with a grand gesture like this establishes credibility, ensures buy-in, and gives hope that inbox reduction will be successful (Note: This may take several weeks to complete because of the volume of messages).
<input type="checkbox"/> Auto-expire any message >3 months old	Let teams know that this will be the norm from this point on unless messages are individually marked for exception.
<input type="checkbox"/> Empower patients to identify the topic of their messages for appropriate triage	Patients know the nature of their requests best. Guide them through the message navigation and triaging process with an “I want to...” sorting window. For example, “I want to...ask for medical advice, ask a question about a test result, refill a prescription, make or cancel an appointment, request a referral, or other.”
<input type="checkbox"/> Provide patients with self service options	Facilitate opportunities for patient self-service, such as self-scheduling in select departments.
<input type="checkbox"/> Establish team pools	A team pool consists of care team members, including RNs and MAs. All patient messages within a practice or clinical unit should go to this pool first, not directly to the physician. In this model, only questions that MAs or RNs cannot handle are managed by physicians, ideally in a conversation with the support staff who have researched the message as opposed to the practice of simply forwarding the message to the physician (see next row).
<input type="checkbox"/> Assign an RN or MA to each physician as the primary manager of their inbox	This care team member takes ownership of the inbox and manages all incoming messages, resolving anything they can on their own. For messages outside their scope, they should “mature the message” to make it as useful and actionable as possible, using their training and skills, before delegating to another team member. After additional research on a message, if it is necessary to consult a physician or APP, verbal communication is preferred when possible, as it may be more efficient and safer than forwarding the message.
<input type="checkbox"/> Establish the expectation that physicians and advanced practice providers (APPs) do not access their inboxes while not working (for part-time clinicians) or on vacation	Set the precedent that clinicians do not check messages when they are out of the office and not on call. Employ the training and skill of RNs to manage most of the inbox, with backup assistance from the covering APP or physician. Some organizations pair physicians to cover for each other while one is away if there is anything the RN can’t resolve. The expectation is to “treat it as your own” so that physicians leave with and come back to an empty inbox.

## Tactics for Individual Message Types

<b>Patient requests for medical advice</b>	
<input type="checkbox"/> Leverage the training and skill of MAs and RNs	Team members should thoroughly research all patient requests for medical advice and take action to the full extent of their ability and within their scope of practice before “delegating up” to a physician or APP. This is sometimes described as “maturing the message.” Avoid light “touch and pass” transfers with comments such as “please advise.” Encourage information coupling (presenting information necessary for clinical action on a result, such as previous hemoglobin levels with a newly abnormal level) as well as proactively pending orders for review and signature (in those settings where a signature is required).
<input type="checkbox"/> Institute reimbursable patient portal encounters	Several organizations have recognized that care delivered through the patient portal can and should be reimbursed and are piloting programs to that effect.
<b>Prescriptions</b>	
<input type="checkbox"/> Implement 90 x 4 refills	Establish a <u>90-day supply with 4 refills</u> as the default setting for medication orders for chronic medications.
<input type="checkbox"/> Automate refills	Develop protocols for <u>automated refills</u> if they meet defined criteria (eg, lab and appointment monitoring).
<input type="checkbox"/> Create a refill pool	Ensure refill requests route to a distinct team pool, not the physician’s inbox. Examples of sources of refill requests to direct to the refill pool include those from pharmacies, patients, or created by another teammate.
<input type="checkbox"/> Create intake templates for refills	Develop templates for the call center or front desk to capture all pertinent details when taking a refill request—this will capture all necessary information before the <u>request is sent to the refill pool</u> .

## Tactics for Individual Message Types (continued)

Results	
<input type="checkbox"/> Establish single delivery of test results	Route test results only to the ordering care team (“If you order it, you own it”). The ordering care team is responsible for following up on tests they ordered. If the care team wants another team or practice to take action, they must individually communicate with that team or practice.
<input type="checkbox"/> Route “normal, normal” results directly to the patient portal rather than the physician inbox	Do not route “normal, normal” results (within the laboratory normal limits and normal in all clinical circumstances) to the physician’s inbox. The only exceptions is if, at ordering, the physician ticked a box requesting this result land in their inbox even if normal.  The automatic release of results to patients is federally mandated, and sending normal results directly to the patient portal (bypassing the physician’s inbox) can safely reduce inbox burden. Abnormal results, or results with high dependency on clinical context, should still be routed to the ordering care team in addition to the patient.  Ideally, the practice performs <u>pre-visit lab testing</u> and thus has the opportunity to address all results at an upcoming appointment.
<input type="checkbox"/> Don’t route tests ordered without results	Turn off notifications of tests ordered without results.
<input type="checkbox"/> Batch non-urgent results	Batch all non-urgent ordered tests (excluding those that take longer than 24 hours to result) drawn at the same time for a given patient to arrive in a single inbox message.
<input type="checkbox"/> Establish protocols for results from routine screening tests	Don’t route normal screening results (eg, mammogram, colonoscopy, DEXA scan) to the care team’s inbox. The only exceptions is if, at ordering, the physician ticked a box requesting this result land in their inbox even if normal.  For abnormal results, use protocols to schedule a follow-up visit and initiate referrals as needed.
CC’d charts	
<input type="checkbox"/> Turn off automatic cc’d charts (ie, “d/c the cc”)	Establish that charts should be cc’d only in limited, specific circumstances and that this is not the default setting (“say bye to the FYI”). If a physician wants to send their visit documentation to another physician, they must attach a note explaining why they are sending it. If the sender is requesting a specific action from the receiving team, they must indicate this via a personal, attached communication.
Referrals	
<input type="checkbox"/> Create a process for declined referrals	Route notifications about declined referrals to the appropriate team pool rather than the referring physician’s inbox. This includes notifications about an office being unable to contact a referred patient or a patient declining a referral. Forwarding the notification to the physician with “please advise” is not recommended. Instead, implement a close-the-loop process that ensures the inbox manager has a clear path and guidelines to follow when a patient declines the referral.
<input type="checkbox"/> Create intake templates for new referrals	Create a referral template for the call center, front desk, or clinical teammates to use when a patient requests a new referral. This template will ensure vital information is captured.  Ideally, the inbox manager researches the request and discusses it with the physician or APP, who can decide whether the patient needs to be seen or a referral can be provided without a visit.
Admission, discharge, and transfer (ADT) notifications	
<input type="checkbox"/> Don’t route ADT alerts to physician inboxes	Switch from push to pull notifications. Route all ADTs directly to an organizational dashboard where clinicians can pull the information rather than having it routinely pushed to their inboxes.
Media manager	
<input type="checkbox"/> Bypass the inbox so documents go directly into the chart	Establish protocols to file outside consultation notes, urgent care visit documentation, or results of tests not ordered by a clinician within the team straight into the chart, bypassing the team’s inbox.  Route any results of tests performed at an outside facility but ordered by a clinician within the team to the Results folder (if a result is “normal, normal” it would bypass the team’s inbox, just as such results that originate within the organization do).

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