



## With COVID comes a digital rush, and a need to ease rising provider burnout

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### PBN Perspectives

Between the COVID-induced expansion of telehealth and the emerging set of tools patients have to communicate with providers, now's the time to assess how the virtual elements of health care are affecting patient expectations and providers' stress levels. Experts urge a watchful eye, and a policy to meet the tech age without major disruption.

America's first full COVID year led to a surge in telehealth use, with digital encounters up resoundingly from prior years ([PBN 6/6/21](#), [9/20/21](#)). In general, the COVID public health emergency (PHE) and the adoption of digital-only reimbursement channels, such as "virtual check-ins" and other, similar Medicare-eligible services, has increased providers' non-face-to-face patient contact.

### A new challenge: Round-the-clock access

As tech magazine The Verge noticed on Sept. 17, A. Jay Holmgren, an assistant professor in the Department of Medicine at the University of California at San Francisco, recently posted data from the EHR company Epic on Twitter showing "messages from patients received per day [were] up 157% over pre-pandemic amounts through end of 2020." Holmgren was responding to the UCSF Department of Medicine chairman Robert M. Wachter, M.D., who had tweeted that "we're seeing huge uptick in in-box messages for MDs during Covid — [it] now seems like biggest driver of MD burnout. The fundamental problem: we turned on 24/7/365 access for patients (who of course like it) with no operational or business model to handle it."

The digital increase is hitting home for many practices. "We were just looking at increased communication via portal messages and phone call during the COVID period," reports Thalia Baker, associate vice president of primary care at UAB Medicine, University of Alabama at Birmingham. "For our primary care group, we are up 130% over 2019 communications — many 'worried well' [patients], in addition to our sick patients."

### Reports of 'high emotional exhaustion'

Even before the pandemic, patients and providers were increasingly taking advantage of digital tools to communicate via messaging, email and even wearable health devices ([PBN 12/17/18](#), [7/15/19](#)). Experts expressed optimism about the expanding role of online care in physician practice and its presumed positive effect on patient care ([PBN 1/27/17](#)).

But now some observers see the increased information flows as a potential trial for providers. Already, research shows that work-related computer time is a stressor for them: A survey with results published in the Journal of the American Medical Informatics Association (JAMIA) in February 2020 found that physician respondents who use the EHR the most are also most likely to report "high emotional exhaustion."

The JAMIA study cites a 2019 survey published in Health Affairs, which found that an "above average" number of EHR-generated in-basket messages, including communications "from patients and other clinicians, as well as messages generated by the EHR system," was associated with a 40% higher probability of physician burnout.

There has been "a significant influx of digital information and patient communication" during the pandemic, shares Michael Loftus, M.D., chief medical officer of Jersey City Medical Center, part of RWJBarnabas Health. Depending on the provider and the practice's infrastructure and staffing, that influx "could be overwhelming, especially when you factor in the various electronic communications that go beyond formal telemedicine," Loftus adds.

### Consider your patients

Experts agree that patients benefit from the added connectivity and, if there's a problem to be solved, it's not that they're asking for too much. In fact, Tracy Elmer, chief innovation officer for TrueCare, a member organization of Health Center Partners in San Diego, posits that patients should be given more help in connecting properly with providers.

Some of the friction in the system comes from technical issues and lack of education. "For example, to go from a phone call visit to a video visit is often difficult," Elmer says, "especially when you're working with a patient population that may be using a shared device to access the call or doesn't speak English."

Elmer also advocates educating patients in security measures, an area in which many of them may not be savvy. "We also have an obligation to teach our patients, in terms of privacy and security, what are the better apps that offer encryption, for

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example, and reminding them about password management," she says.

All of the digital inroads are expected to grow. Culturally, patients are probably going to favor online communications with their providers to an even greater extent in the coming years, no matter what happens with the pandemic, says Joseph Rubinsztain, CEO and co-founder at the Chronwell digital health platform in Ft. Lauderdale, Fla.

"I remember when important relationships were person to person and involved conversations where you're looking in the eye of a person sitting across from you," Rubinsztain says. "For the younger generation, relationships are different. They're using technology that's often [about] sound bytes — Instagram, WhatsApp, Snapchat, TikTok. Relationships are more in groups [than one-on-one], more fleeting and less personal. They have access to tools that are more transactional than relationship tools, and their expectation is that the world moves that way.

"I don't think the question is whether relationships will change by virtue of technology," Rubinsztain adds. "They have changed. The real question is, will health care adapt to the new realities?"

#### Down the road

It may be that some of the digital overload issues will be solved by emerging technology, Rubinsztain says. He sees EHRs developing in such a way as to replicate the current function of the patient portal but integrating all communication streams from patients, including telehealth and secure messaging, thus making tech-based communications easier.

"It'll be as simple as clicking a button to launch a fully-recorded health visit from the EHR no matter where the patient is, and it won't require a lot of installation from the patient or the provider," Rubinsztain says. And under HHS' recent interoperability and tech development mandates and the requirements they put on vendors, there should be no issue with outboard technologies that don't work well with your system, just as there's no issue with different computer systems working with the internet ([PBN 2/18/19](#), [6/28/21](#)).

The tech will be "like piping," Rubinsztain says. "It'll be something nobody really thinks about as long as it works, like when you turn on the faucet to get water."

#### 4 tips to help

Until that happens, you can make things easier on your patients and your practice:

- **Make a policy.** Kathryn Watson, senior counsel at Nixon Gwilt Law in Washington, D.C., suggests a "digital communications policy" to guide staff and demonstrate a "commitment to compliance" in their online encounters. "As digital health booms, so do the regulations governing it," Watson says. "A policy can ground the practice in fundamental requirements for interfacing with patients via video, email and/or text."

Such a policy would take into account not only familiar federal telehealth and HIPAA laws, but also local laws and business regulations that might be overlooked.

"[Different] jurisdictions have nuanced mandates for what providers must disclose to patients using virtual care," Watson says. "For example, Washington, D.C.'s telemedicine laws include a requirement that physicians inform patients of alternate forms of communication for urgent matters. This detailed requirement is in addition to other common telehealth consent requirements, such as verifying the location of the patient, sharing one's clinical credentials with the patient and documenting the communications in the patient's medical records."

- **Use the portal.** Until the digital singularity Rubinsztain predicts comes to pass, you can reduce some of your communication touchpoints by making sure all your provider-patient communications go through your patient portal as a matter of policy.

At UAB, administrators "are still strongly encouraging communication via patient portal," Baker says. "[It's] so much more efficient for both patient and provider over the traditional phone calls. Also, with portal messages, we can have staff working all hours to help stay current on messages — many staff are remote"

"To filter [patient-provider communications] through a portal is, I think, a happy middle ground," Loftus says. "But that requires some digital infrastructure investment on the part of the physician practice and probably a formal protocol for how you do it effectively, so patients still feel heard."

- **Check your affect.** Leslie Baker, chief experience officer for Adjuvant.Health, a physician support arm of Allied Physicians Group in Melville, N.Y., says the increase in text and email communication with patients requires provider education in "digital body language."

"With less face to face interaction, the importance of showing compassion in our digital language has increased," Baker says. "You can't simply say something and assume someone knows your good intentions. You need to communicate in a way to show it digitally."

"Regardless of the medium, maintaining professionalism is a cornerstone of the physician-patient relationship," Loftus says. "I think, for example, you shouldn't have physicians doing a telehealth visit in their pajamas. I think the maintenance of professionalism needs to be addressed as the technology matures."

- **Use tech to make life easier.** High-touch digital tools are still an advantage to providers, especially if you use some creativity in their use. Alejandro Badia, M.D., founder and hand and upper limb surgeon at Badia Hand to Shoulder Center in Miami and author of the book *Healthcare in the Trenches*, has a lot of out-of-town patients, and

he usually needs to see their MRIs before he can see them in person. Badia made a deal with a cloud-based subscription service in Boca Raton called mymedicalimages that charges patients a nominal fee to store the advanced imaging files that most of them have on a CD from their local providers. "Then I do the Zoom Health call," Badia says. "When I do that, I'm able to share my screen and we can all look at the images together."

Badia also works with an anatomical animation company in Dublin called 3D4Medical to get 3-D pathology models he can show his patients for educational purposes. "It gives the patient a lot of comfort, because it's often hard to explain [these procedures] so as to be understood," Badia says.

**Resources**

Tweet, A. Jay Holmgren, Sept. 15: <https://twitter.com/AJHolmgren/status/1438191114511523844>

Tweet by Robert M. Wachter, Sept. 15: [https://twitter.com/Bob\\_Wachter/status/1438151472089239555](https://twitter.com/Bob_Wachter/status/1438151472089239555)

"Electronic health records and burnout," JAMIA, Feb 4, 2020: <https://academic.oup.com/jamia/article/27/4/531/5722322?login=true>

"Patient Portal Increases Communication Between Patients and Providers," Health IT.gov, Spring 2011: [www.healthit.gov/case-study/patient-portal-increases-communication-between-patients-and-providers](http://www.healthit.gov/case-study/patient-portal-increases-communication-between-patients-and-providers)



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  - 100-02
  - 100-03
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