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Topic



## USE & OPTIMIZATION NEWS

### Health Experts Misjudged EHR Clinician Burnout at HITECH Act Passage

Clinicians and healthcare experts did not fully grasp the high potential of EHR clinician burnout at the time of the HITECH Act passing in 2009.



Source: Getty Images

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By Christopher Jason (<mailto:cjason@xtelligentmedia.com>)

February 17, 2021 - Following the passage of the HITECH Act in 2009 and the subsequent increase in EHR adoption, clinicians and healthcare experts significantly underestimated the degree of clinician burnout and its contributing factors, according to a study **published** (<https://academic.oup.com/jamia/advance-article/doi/10.1093/jamia/ocaa320/6135062?searchresult=1>) in the *Journal of the American Medical Informatics Association (JAMIA)*.

On the contrary, healthcare professionals overestimated the concern over patient privacy and fraud.

After the **HITECH Act** (<https://ehrintelligence.com/news/hitech-directly-responsible-for-hospital-ehr-adoption-spike>) passed, clinician burnout has run rampant across the country amidst poor EHR usability, unintuitive EHR design, and high clinician workload.

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Healthcare professionals, including individuals from the American College of Medical Informatics (ACMI), met at the 2009 AMIA Policy Meeting to dissect the potential unintended consequences associated with the EHR adoption increase following the HITECH Act. Participants established 17 possible consequences and 15 recommendations to address the consequences.

Twelve years later, 40 ACMI fellows attended a symposium to discuss the EHR impact of **clinician burnout** (<https://ehrintelligence.com/news/increased-ehr-workload-has-a-major-impact-on-clinician-burnout>) and dissect the 2009 AMIA Policy Meeting predictions and recommendations.

The individuals found none of the 2009 predictions directly addressed clinician burnout. However, several predictions addressed burnout components, such as increased documentation, increased cognitive load, data overload, and clinicians retiring early.

The study authors said the most underestimated EHR impact was, “behaviors like cut/paste will result in decreased data quality.” On the other hand, the most overrated effect was, “false positives from abuse and fraud detection algorithms will harm clinicians and/or patients.”

“The collective opinion of the ACMI fellows participating in this session was that, while many consequences of the HITECH act were foreseen in 2009, the magnitude of the current burnout crisis largely was not,” wrote researchers. “On a brighter note, the problems of rampant identity theft or ‘false positives from abuse and fraud detection algorithms’ have not been as severe as was feared, perhaps owing to advancements in EHR security and regulations.”

The study group credited the 2009 healthcare experts because of their initial concerns about EHR documentation burden and the potential harm of EHR system interfaces. Furthermore, informatics researchers at the time also attempted to enhance EHR efficiency to prevent clinician burnout from becoming as widespread as it is now.

But research and workshops are not enough to address current clinician burnout issues, the study authors said. For example, individuals at the 2009 AMIA Policy Meeting recommended further research and regulatory tools to mitigate EHR-related problems. However, legislation, such as gag clauses and other patient data-sharing practices, stymied those efforts.

“Another observation is that, even though scores of informatics research projects have developed potential approaches to mitigate these problems, too few of those have been translated into real-world solutions,” wrote the study authors. “In hindsight, we suggest that implementing more of the 2009 recommendations, such as research on the cognitive burden of commercial EHRs and incentives to share best practices, may have been able to mitigate some of the clinician burnout currently being experienced.”

Researchers did note study participants strictly identified specific EHR-related causes of clinician burnout. For example, the group did not differentiate intrinsic EHR software impact or the different optimizations or functions that contribute to burnout.

“While informatics experts did accurately predict a number of the issues that now contribute to clinician burnout, we did not accurately foresee the magnitude of the current crisis,” concluded the study authors. “Perhaps equally important, the Policy Meeting included a number of recommendations that may have reduced the severity of HIT-related unintended consequences, including physician burnout. Unfortunately, few of these recommendations were enacted.”

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