A Pilot to Reduce EMR Burden

INTRODUCTION

The purpose of this funding is to test and evaluate technology solutions to reduce Electronic Medical Records (EMR) documentation time, a key driver of primary care provider burnout. The funding covers the up-front cost to purchase technology and protected time for providers to train on and implement a technology solution.

Addressing Health Worker Burnout: The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce calls attention to burnout as an urgent and significant U.S. public health challenge needing immediate attention. The Surgeon General's Advisory highlights that while "burnout is associated with risk of mental health challenges, such as anxiety and depression … [it] is not an individual mental health diagnosis. While addressing burnout may include individual-level support, burnout is a distinct workplace phenomenon that primarily calls for a prioritization of systems-oriented, organizational-level solutions."

The impact of EMR burden has been widely explored in the academic literature and is commonly cited by clinicians as the most important stressor in their practice. One approach to reducing EMR-related administrative burden and time spent in the EMR is the use of speech recognition (SR) software to automate documentation. In a 2018 systematic review of the literature from 1990 to 2018 (n=20), all studies reporting on turnaround time (n=19) "found that implementing SR technology reduced mean and/or median turnaround times, often by more than 90%."

In joint partnership with DC Health, the Institute for Public Health Innovation (IPHI) aims to reduce burnout from EMR burden among primary care physicians in D.C. by awarding funds to eligible applicants to purchase and implement EMR assistive technology solutions.

BACKGROUND

The mission of DC Health is to promote and protect the health, safety, and quality of life of residents, visitors, and those doing business in the District of Columbia. The agency is responsible for identifying health risks; educating the public; preventing and controlling diseases, injuries, and exposure to environmental hazards; promoting effective community collaborations and optimizing equitable access to community resources.

From November 2022 – January 2023, DC Health engaged stakeholders at FQHCs, community health centers, hospitals, and health systems to discuss key factors impacting workforce wellness. Administrative burden, particularly related to EMR, was consistently cited as a source of stress and burnout. Providers identified issues like difficulty working in and navigating the EMR, lack of comprehensive and/or ongoing training, drastically increased volume of electronic messages received through patient portals, frequency of work on EMR documentation and patient messaging outside of paid work hours.

The mission of IPHI is to improve the public's health and well-being across the District of Columbia, Maryland, and Virginia by strengthening health systems and policies, enhancing conditions that promote health, and building community capacity to ensure equitable health opportunities for all.

As the administrative agent for DC Health, IPHI works to advertise the funding opportunity *Improving Health Care Workforce Wellness: A Pilot to Reduce EMR Burden* to a wide range of primary care providers, review and confirm applicant eligibility, distribute funds to at least 8 organizations, provide funding up to the allowable amount, ensure funds are used only for allowable activities, and collect data from sites before and after implementation of a technology solution.

As a part of this pilot, the DC Primary Care Association (DCPCA) will provide technical assistance to primary care providers to implement technology solutions for eClinical Works, an EMR highly utilized by primary care providers in D.C.

ELIGIBILITY

Primary care providers who are:
- Single practitioner practices
- Multi-provider practices
- Federally Qualified Health Centers (FQHCs)
- Health systems delivering outpatient health services for underserved populations within the District of Columbia.

To meet the definition of "underserved", forty-five percent (45%) or greater of a site's primary care encounter volume must be allocated to Department of Health Care Finance beneficiaries (Medicaid, Alliance), sliding-fee, or uncompensated care.

Eligible primary care settings include:
- Outpatient ambulatory health sites providing primary medical care
- Outpatient clinical sites located in a Primary Care Health Professional Shortage Area (verified through HRSA Data Warehouse)

ALLOWABLE USE OF GRANT FUNDS

Primary care organizations can use grant funds for up to $2,500 per full time (32 hours of direct patient care per week) primary care provider, specifically:

Technology Costs
- Purchase of a technology solution to reduce EMR documentation time.

Non-technology Costs
- Primary care provider time to train on and implement the technology solution.
- Staff time to collect, analyze, and report EMR event logging data. *A maximum of $1,250 per full time primary care provider can be used for non-technology costs.*

GRANT PERIOD

The grant period will start at the time of award *(see "FAQ" for more information about the turnaround time from submission to notification of decision).* The grant period will end September 30, 2024.

APPLICATION

Applications will be accepted on a rolling basis starting in April 2024.

Visit IPHI's website — here — to subscribe to receive updates about this opportunity. Subscribers will receive an e-mail when the application becomes available.

Grants will be awarded to eligible applicants until all available funds have been distributed. Grants will be awarded to at least 8 unique organizations.

Application Form
- Apply here — *Coming soon!*
- Preview application questions here — *Application form copy.*

Application Instructions
- Download instructions for the application here — *Instructions coming soon!*
- An informational webinar will be held virtually on Wednesday, April 10 from 1-2 p.m. EST.
- Register for the informational webinar here.
- Registrants will receive a recording of the webinar. The recording will also be posted on IPHI's website.

FAQ
- [Download a FAQ for the funding opportunity here](#) — *FAQ copy*

BUDGET

Organizations must submit a requested budget with their application.

Budget Template
- [Download a budget template here](#) — *Budget template*
- Instructions for completing the budget are included in the template. The first tab is the instructions. The second tab is where you will enter your budget.

APPLICATION REVIEW CRITERIA

Each application will be reviewed for eligibility and completion. If the application is complete, meets eligibility criteria, and funding is available to support the requested budget, the applicant will be approved for a grant.

Eligibility Review
- Is the applicant organization located within the District of Columbia?
- Does the applicant organization provide primary medical care in one of the following settings? 1) Outpatient ambulatory health site, 2) Outpatient clinical site located in a Primary Care Health Professional Shortage Area
- Does the applicant organization deliver forty-five percent or greater of site's primary care encounter volume to Department of Health Care Finance beneficiaries (Medicaid, Alliance), sliding-fee, or uncompensated care?
- Did the applicant submit all the required Eligibility Documents?
  - [Certificate of Clean Hands](#), dated within 60 days of the application submission date
  - [Current Business License](#), certificate of licensure or proof to transact business in local jurisdictions
  - Current Certificate of Insurance
  - Copy of Cyber Liability Policy
  - [IRS Tax-Exempt Determination Letter](#), for nonprofits only
  - [IRS 990 Form](#), from most recent tax year, nonprofits only
  - Current List of Board of Directors, must be on letterhead, signed and

dated by a certified official from the Board (this cannot be the Executive Director)
  - ○ Assurances and Certifications

Completeness Review
- Did the applicant organization submit a complete application form?
  - ○ The application form is only available through IPHI's website
- Did the applicant organization submit a complete budget?
- Did the applicant organization submit all other required supporting documents?
  - ○ *See Eligibility Documents in the Eligibility Review section, above*

REQUIREMENTS

Grant recipients will be required to report monthly to IPHI.

Expenses
- EMR assistive technology purchase.
- Provider time to train on and implement the technology solution.
- Staff time to collect, analyze, and report EMR event logging data.

Provider Burnout and Documentation Time
- Intent to Leave, measured before and after implementation of the technology solution
  - ○ "How often during the course of the past year have you thought about leaving the healthcare profession completely?"
  - ○ "How often during the course of the past year have you seriously considered leaving your current job?"
- Wellness Scale, measured before and after implementation of the technology solution
  - ○ Mini Z 2.0 — *download a copy here*
- Primary care provider reported documentation time over 7-day periods
  - ○ Primary medical visits
    - ▪ Average time (minutes) to chart/ document visits (stratified by in-person or telemedicine) preceding implementation of the

technology solution
- ▪ Average time (minutes) to chart/ document visits (stratified by in-person or telemedicine) after implementation of the technology solution
  - ○ Patient portal/ telephone encounters/ web messages
    - ▪ Average time (minutes) to chart/ document preceding implementation of the technology solution
    - ▪ Average time (minutes) to chart/ document after implementation of the technology solution
- Electronic health record data from EMR event logging* over 30-day periods
  - ○ Primary medical visits
    - ▪ Average time (minutes) to chart/ document visits (stratified by in-person or telemedicine) preceding implementation of the technology solution
    - ▪ Average time (minutes) to chart/ document visits (stratified by in-person or telemedicine) after implementation of the technology solution
  - ○ Patient portal/ telephone encounters/ web messages
    - ▪ Average time (minutes) to chart/ document preceding implementation of the technology solution
    - ▪ Average time (minutes) to chart/ document after implementation of the technology solution
- Number of primary care encounters with the provider during the grant period
- Number of primary care encounters/ visits with the provider during the grant period from Medicaid, Alliance, sliding fee, and/or uncompensated care.

*Event logging is an automated tracking feature in electronic health records (EMR) that monitors the accessing of and interaction with the EMR, such as moving from prescriptions to progress notes; a record of these events and the time of the event is documented in the EMR and available for analysis.

CONTACT

To learn more about this project and grant opportunity, please contact DCDOHProject@institutephi.org.