



How the Electronic Health Record Inbox Contributes to Clinician Burden

By David Lee Scher, MD, for the HIMSS Clinician Burden Reduction Task Force

The widespread adoption of the electronic health record (EHR) has been [shown to be associated with clinician burnout](#). [A study published in JIMR](#) demonstrated that inbox work duration, the rate of EHR window switching, the amount of EHR-related work that is done outside of working hours (also known as “pajama time”), inbox work batching and the day of the week were all independent determinants of physicians’ psychological stress.

Clinicians’ inboxes generally include:

- Test results to review
- Patient-generated messages (PGMs)
- Clinician-generated messages (CGMs)
- Non-clinical messages (prescription renewal/approval, insurance-related messages, scheduling questions and other queries)

The COVID-19 epidemic resulted in a [marked increase in PGMs](#). During this time, patients’ medical advice-seeking messages to clinicians [increased 57%](#) and have remained at those levels since then.

One [Veterans Health Administration study](#) demonstrated that merely decreasing the number of inbox messages did not change physicians’ burnout rates. Spending time answering these inbox messages keeps clinicians from working at the top of their potential capabilities and/or licenses; a significant portion of clinicians’ inbox messages can instead be handled by others on the clinical team and/or non-clinical personnel.

In light of this information, changing the *type* of messages in the clinician’s inbox might be more important than decreasing the amount. Organizational and system-wide changes in messaging and data flow are necessary to handle this unsustainable volume of messages, and the process requires continuous oversight and monitoring.

Staff will need adequate and continuous training which will be role-specific and provided via an asynchronous tool. Implementation of an inbox workflow improvement plan in the ambulatory environment is recommended to be phased in over twelve months to allow for adequate training and evaluation across clinical and non-clinical staff.

The HIMSS Burden Reduction Task Force has created an Inbox Workflow Improvement Plan, which is accessible on the [Toolkit page](#). This is an outline that can guide healthcare organizations in creating and deploying their own inbox management plans.