



Modernizing clinical workflows:

The IT leader's underleveraged opportunity to reduce clinician burnout



Clinician burnout is an IT leader's concern

After years of navigating the many and varied challenges of the COVID-19 pandemic, clinicians are burned out. If you work in healthcare, you already know this and have read [articles](#) detailing just how dire the situation is. While clinician burnout is undoubtedly a top priority for a Chief Medical Officer or Chief Nursing Officer, **we don't often read or hear about this challenge from the perspective of the Information Technology (IT) healthcare leader (e.g., CIO, CMIO, CNIO).**

But clinician burnout is undoubtedly an IT concern.



Top CIO priorities in 2023:

- 1 *Implement practices and/or technology to improve information security*
- 2 *Develop tech-enabled solutions to reduce care team administrative burden*
- 3 *Improve cyberthreat incident response and recovery planning*

The abundance of technological solutions related to Electronic Medical Record use, clinician decision support, telehealth, and the overall increase in digital health offerings has meant a continual stream of new applications to learn, changes to clinician workflows, and additional administrative tasks. While any individual change may be insignificant (and also come with benefits), the continual stream and totality of changes is overwhelming. As a result, clinician cognitive overload related to tech usage is significant. The [clear consensus](#) is that [administrative](#) burden is the single largest contributor to clinician burnout.

As health systems scramble to attract, hire, and retain talent, they must focus on ways to enable clinicians to do more of what they love — caring for patients. IT is an underleveraged resource that can help. IT leadership agrees that technology must be a core component of addressing today's workforce challenges, including finding ways to support top-of-license practice and increase care team efficiency. If leaders can identify ways to do this with health system technology, it will undoubtedly begin to reverse the trend of clinician burnout.

And we know that reducing burnout benefits everyone. It improves clinician satisfaction, helps retain staff, improves patient outcomes, and increases patient satisfaction.

Care team administrative burden is now a top three CIO priority

The time to act is now.

Overall, health systems are expressing a widespread commitment to elevate their IT strategy and specifically focus on digital transformation. Leading Health Systems (LHS) increasingly view technology as a key organizational pillar, alongside areas like clinical care and patient education. And to clearly demonstrate the importance of this strategic commitment, some systems plan to significantly increase their spend on IT over the next few years.

However, until recently, efforts to modernize and streamline clinician workflows did not rise to the top of the list of competing IT priorities. In the age of digital transformation, a multitude of priorities — including improving virtual care, information security, data and analytics, and cyberthreat response, among others — fall under the purview of the IT executive. With such a broad range of important and urgent issues, IT leaders have understandably deprioritized efforts to streamline clinician workflows. But **effective IT workflows underlie a health system's ability to optimize all tech-driven priorities**, and the inefficiencies that contribute to clinician burnout have ripple effects across the organization.

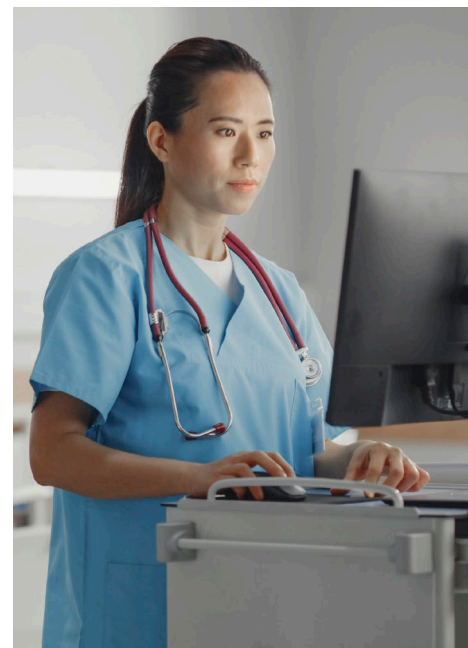
The good news is that as the link between current technology use and clinician burnout has become increasingly clear, CIOs have shifted their sights to tackle clinician workflows, particularly through the lens of administrative burden. In the 2022 Academy Priorities Survey, CIOs ranked “developing tech-enabled solutions to reduce care team administrative burden” among their top five priorities. In 2023, it ranks as a top three priority, alongside implementing practices to increase information security and improving cyberthreat incident response and recovery planning. In this we see that the extremely high organizational cost — in time, money, and reputation — of events such as a ransomware attack or data breach are on par with the costs of tech-related workforce burden.

How are CIOs planning to address the costly day-to-day administrative and workflow burden for their care teams?

Modernizing tech solutions is primarily a task of strategic consolidation

During the pandemic, health systems raced to put in place numerous clinician and consumer-facing platforms for a variety of tech-related issues. Individual teams, leaders, and care sites were often given tremendous autonomy to procure, purchase, install, or implement what they needed in order to continue caring for patients. This unquestionably brought rapid and abundant technological innovation into health systems.

However, with such a fast pace of change, it was (and is) often difficult to coordinate across the organization and bring awareness to existing solutions that are working and could be scaled more broadly. **Systems now use dozens of apps with point solutions and a patchwork of integrations to enable everything to work together. The result is a fragmented digital ecosystem that often hinders the clinical workflow optimization health systems say they are seeking.**



“We have too much tech, and they’re either redundant or don’t meet our needs.”

IT Leader, Leading Health System

Health systems are now tasking their IT leadership with developing a more strategic approach. Many technology leaders state that they are working toward a strategic roadmap of solutions that improves efficiency, reduces redundancies, and manages cost. While LHS agree they need solutions to improve integration and facilitate seamless care, many are still early in their journey. The work ahead is to streamline, consolidate, and focus on tools that clinicians value most.

To this end, several LHS are performing full system audits with the goals of consolidating and restructuring their tech investments. While in principle many systems would prefer one platform or partner to meet multiple needs, they report difficulty identifying partners that meet a variety of needs without extensive customization. CIOs often feel they must make a trade-off and choose between a single platform that meets most needs and multiple platforms that meet all needs. Partners must recognize this tension; those with more comprehensive solutions and offerings are likely to have a market advantage.



“When we do things with technology, we don’t often engage multidisciplinary teams. Then you get this reaction of ‘we built it; why won’t they come?’”

CMIO, Leading Health System



An updated IT governance structure should support strategy

The CIO role previously emphasized the ability to attract, hire, and retain talent. But as organizational needs have shifted to increasingly necessitate CIO contribution to systemwide strategy, the role has evolved. Alongside this trend, we also see a proliferation of IT-related C-level roles and titles (e.g., CMIO/CNIO/CDO/CISO/CAO/CTO) to address new technological challenges and opportunities. While any individual role might make sense for a system’s unique needs, when taken as a whole, systems are struggling to define who is accountable for what. Accordingly, the issue of streamlining clinician workflows might seem like a challenge that multiple IT leaders could address. As a result, all too often no one feels accountable to address it.

But inevitably, governance and accountability structures inevitably impact decision-making, which then influences stakeholder engagement when it comes to workflows and operationalizing new investments. It’s therefore more important than ever to clarify which IT leaders are responsible for which decisions, and who has seats at which leadership tables. Health systems recognize how important governance is, and it is important to continue updating structures and process in this rapidly evolving area of leadership.

Engaging care team in the process facilitates greater success

All too often health system executive strategy is well-intentioned in principle yet disconnected from clinical operations in practice. While it is relatively common to involve multidisciplinary teams in the development of clinical pathways or the purchase of a new piece of equipment, it’s less common to do so with technology workflows and applications. This results in digital strategies — and specific solutions and workflows — that do not fully align with current system capabilities or providers’ preferences. Further, given the challenges many LHS have faced with prior tech rollouts, it’s increasingly difficult to achieve clinician buy-in for new solutions.

This needs to change.

LHS who do this well and consistently highlight a few best practices. First, they seek out and incorporate clinical leadership and clinician perspectives as they set overall digital strategy and define decision-making processes. This inclusive style of engagement facilitates more successful adoption and implementation of individual digital tools down the road.



Next, they consult clinical staff and administrative teams in the design, piloting, and/or testing of applications, processes, and workflows. This engagement level occurs at each step of the process, as it is often the smaller details that can undo a thoughtfully laid out strategy. Anything that requires additional learning time, more clicks in a workflow, or new processes is often (and reasonably) met with resistance. Identifying and addressing these issues earlier increases the likelihood of adoption.

Lastly, successful systems don't stop engagement with the initial rollout but continue to involve a multidisciplinary team over time. Additional clinical input is needed when scaling technology solutions across the organization.

Engaging a multidisciplinary care team at every step of the process sounds simple in theory but is undoubtedly challenging in practice. Yet garnering buy-in is essential to effectively modernize clinical workflows.

While securing care team feedback solves much of the equation, IT leaders also need to be mindful of the impact of tech solutions on another key stakeholder: patients.

Optimizing tools for both clinicians and patients further elevates workflows

LHS increasingly recognize they need a robust digital health strategy that responds to consumer demands and enables them to remain competitive as disruptors continue to enter the space. However, it can be difficult for systems to execute a strategy that is both integrated into the system's network and easy for patients to navigate.

Yet the fact remains — IT leaders need to create digital solutions that meet the needs of clinicians as well as patients.

Patient-facing solutions need to be intuitive, interoperable, and seamlessly integrated across provider settings. Patients expect this much out of their digital engagement with health systems. Partners who can deliver on optimizing solutions for care team workflows and patient engagement will have the clear advantage over their competitors.

Considering each patient-facing app or digital touchpoint from the perspective of the patient should be an integral step in systemwide audits of technology solutions and a non-negotiable in assessing vendor capabilities.



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