Preventing Provider Burnout Through Telehealth and Tech

Technology can help ease health care providers facing psychological and physical exhaustion amid the pandemic.

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Federal health officials are seeking and applying different technology solutions and programs to support health care providers amid high rates of burnout and mental and physical health distress.
Health care workers have faced more psychological stresses in recent months from uncertainties of the pandemic, noted Health Resources and Services Administration Bureau of Health Workforce Deputy Associate Administrator Dr. Torey Mack during ACT-IAC’s Health Innovation Day last week.

“This pandemic, and others like it, presents a powerful set of stressors, psychological challenges for our providers, whether it be uncertainty about the magnitude, the duration, the effects of the crisis, concerns about their level of preparedness or their organizations’ concerns about personal protective equipment ... and then thinking about their own health as providers, their families, their co-workers as well,” Mack said. “As a result, what we have seen is acute psychological symptoms of depression, anxiety, insomnia and just overall distress.”

Women, especially those working as nurses, have suffered disproportionately from burnout out of all frontline workers, Mack added, citing a study of frontline health care workers in Wuhan, China.

This burnout creates a trickle-down effect of consequences, including sub-optimal health care, low patient satisfaction and economic impacts, Mack said. This includes $4.6 billion in cost per year, according to the Annals of Internal Medicine, because of physician turnover, absenteeism, as well as reduced clinician hours and productivity.

HRSA has been supporting several endeavors to reduce provider burnout, which Mack noted was already a problem before the pandemic and has since been inflamed. HRSA has, for instance, adopted findings from the National Academy of Medicine’s *Taking Action Against Burnout* report by urging its programs to expand its workforce capacity with paraprofessionals or other workers who can contribute to the health care system.

“We are, of course, encouraging all of our programs to expand the capacity of other workers as well who contribute to the system, whether that be community health workers, home visitors, paraprofessionals — really to maximize the clinical care team and serve as a bridge also to the community as well,” Mack said.
Technology, especially connected health and telehealth capabilities, have been central to preventing provider burnout, according to both Mack and Dolly Moorhead, who serves as senior advisor in the Department of Health and Human Services' Office of the Surgeon General.

“Telehealth has provided a really unique way for us to increase the ability of a workforce to offload from some of the providers that have been most stressed,” Moorhead said. “We’ve been able to leverage providers who might have underlying conditions that otherwise would not have been able to participate in the workforce. We’ve been able to maintain stockpiles in some ways by reducing the amount of in-person visits by using telehealth, and we’ve been able to maximize the amount of patients that physicians can see and be in contact with through telehealth services that allow them to text multiple patients and not have to have that same time interaction, while maintaining the well-being of their patients.”

Moorhead recognized that there’s still a gap in accessibility to telehealth services for certain populations, such as those in rural areas who cannot access broadband or individuals who do not have the technologies to connect to providers digitally. Though she recognized that the Federal Communications Commission has provided grants to expand broadband access, she emphasized that for both patients and providers’ safety and burnout prevention, continuing a push for remote health access is critical.

HRSA has also used pandemic relief funding to leverage telehealth-based support for health care providers. More specifically, HRSA received and applied $15 million of aid funding to strengthen access to telehealth and distant care services for providers in HRSA’s health workforce programs.

“We were able to find 159 organizations, and they are able to use this funding to boost and train their current and future workforce, whether it be virtual training simulations, and really just being able to provide telehealth services,” Mack said, adding that funding has also gone toward building up telehealth infrastructure readiness at some of those sites.
HRSA has funded 28 research studies related to telehealth adoption across the health workforce amid COVID-19 to inform how those technologies can aid providers with telebehavioral health and training the workforce in the longer run beyond the pandemic.

While agencies like HRSA have tried to support providers with telehealth capabilities, the Department of Veterans Affairs has been scaling up its own telehealth efforts to support its veteran caregiver and health care provider community. Veterans Health Administration Human Capital Management Chief Jessica Bonjorni explained how working with different organizations in rural areas has helped the pivot to telehealth.

“Our data shows that about 42% of our veterans who are in rural areas don’t have the direct internet access to help them access the kind of telehealth services that we normally want to be able to offer them, so in order to address that we tried to tackle a lot of different partnerships with private sector companies to help us expand our access and our reach to veterans in rural areas,” Bonjorni said.

For VA employees and providers, Bonjorni said that telecommunications has been key to creating camaraderie and a sense of normalcy among staff while other technologies and tools have been major boons in supporting VA providers.

“We also have a tool that some facilities have used that are these little kiosks that might come around that have little fun things in them, offering free snacks or things like that to help people distract themselves from what might be a very busy day,” Bonjorni said. “On a more serious side, we offer things like the employee assistance program, where people can call a hotline if they have an issue or directly speak with a counselor if they need additional support.”

Amid these technology-driven efforts to prevent provider burnout during the pandemic, however, Moorhead emphasized that, especially for frontline workers who cannot work remotely to care for critically ill patients, the most critical work that the nation can do to support the medical community is to more proactively prevent spread of COVID-19.
“What we can do is look at what mitigation factors we can take because the reality is, when it comes to the burnout that’s caused by the pandemic, it’s really on the community to step up and help our physician and clinician workforce because nothing is going to relieve that burden if we as a community and as a society don’t say that we need to take the steps in order to protect our health care workers,” Moorhead said.