



Position Statement on Reducing Physician Burden Resulting from EHR Alert and Messaging Functions to Improve Patient Safety and Physician Wellbeing

Approved by the Board of Regents on September 12, 2024

- 1. The American College of Physicians (ACP) calls for efforts to meaningfully reduce physician burden resulting from low-value electronic health record (EHR) alert and messaging functions.**
- 2. ACP encourages physician practices and health care systems to measure and categorize the various types of alerts and messages received by the clinical care team as well as actions taken in response to alerts.**
 - a. EHR vendors should develop and make freely available standard functionalities centered on reducing the burden of alerts and messages.**
 - b. EHR vendors, especially those of certified EHR technologies, should provide standard, freely available default features that automatically log the volume of alerts and messages by category. This data should be used by physicians and health care systems to inform modifications to EHR alert and messaging settings to reduce (or eliminate) alerts that have low value for physicians, including settings for who receives each category of alerts and messages.**
- 3. ACP recommends that physician practices and health care systems determine which alert and message types should go to the physician specifically and which are more appropriately addressed by a different member of the clinical care team.**
 - a. Alerts and messages should be streamlined so that the physician is rarely the first person on the care team to see them. Physicians should not be the first members of the clinical care team to receive low-value alerts and messages.**
 - b. All members of the clinical care team, especially physicians, should focus on doing what only they can do, enabling practice at the top of their license(s).**
 - c. Physicians should not be responsible for signing off on every item that is entering the EHR.**
- 4. ACP recommends that entities proposing a new alert or message to be sent to physicians or other members of the clinical care team demonstrate that the alert or message is useful and *not* harmful or burdensome before enabling (or being permitted to enable) its routine use.**

5. **ACP recommends that health care systems include physicians in the design and testing of new alert and messaging features and that end users have discretionary power over such features.**
 - a. **New features should be tested by clinicians who were not involved in the product's design or operation.**
 - b. **Operation of the EHR should be self-evident and user-friendly. EHRs must be designed with intuitive user interfaces to maximize physician time for direct patient care and with the least number of interruptions needed to protect the patient. Training should be limited to the extent necessary and should be considered a component of physician duties, be valuable, and not be burdensome.**

6. **ACP supports further research into, and implementation of ways artificial intelligence (AI) and machine learning (ML) technologies can safely and efficiently lessen the burden from EHR alerts and messages, including assessments of:**
 - a. **Less intrusive ways of averting the harm or potential harm signaled through alerts.**
 - b. **Safe and appropriate ways to address or respond to messages from patients and other members of the clinical care team.**