

Supporting today's clinicians for tomorrow's return

How clinical decision support can help deter the costly impacts of physician burnout

According to the **World Health Organization**, physician burnout isn't a psychiatric disorder—but is instead a syndrome and measure of chronic distress associated with their job.

Today's clinicians are facing an epidemic of burnout, with emotional exhaustion, negativity and a low sense of professional effectiveness all common, characterized feelings of burnt out doctors. And as executives look to develop sustainable hybrid care models in a peri-Covid landscape, technology that supports clinicians has become crucial for longevity, revenue, and patient retention.

In this eBook, we dive into physician burnout and its effects on organizational revenue, patient outcomes, and more, while also noting how clinical decision support and proprietary clinical content found in asynchronous telehealth solution Bright.md can significantly alleviate feelings of administrative overwhelm.

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PART ONE

WELLNESS AS A BUSINESS IMPERATIVE: THE TRUE COST OF CLINICIAN BURNOUT

Health systems can't afford to ignore the health of their own clinicians

There's been a five percentage-point increase in physician burnout in 2021, according to Medscape's **Physician Burnout & Depression Report 2022: Stress, Anxiety and Anger**. Forty-seven percent of clinicians reported being burnt out in 2021, with ER physician burnout increasing from 43 to 60 percent. Additionally, most physicians report burnout spilling over from work into home life, with 54 percent saying the stress is severe enough to impact relationships.

The trauma and loss brought on by Covid-19 has also, without a doubt, contributed to the emotional and physical burden placed on clinical teams. With the well-being of providers tied to overall fulfillment, engagement, and quality of care, the organizational cost of physician burnout isn't anything to gloss over. In fact, according to a **study published in the Annals of Internal Medicine**, models estimate approximately \$4.6 billion in costs related to physician turnover and reduced clinical hours is attributable to burnout each year in the U.S.

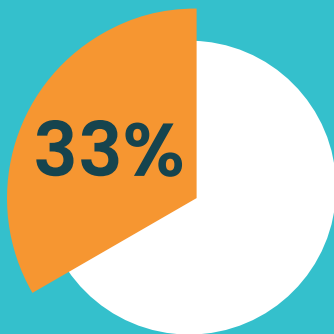
"At an organizational level," the study states, "the annual economic cost associated with burnout related to turnover and reduced clinical hours is approximately \$7,600 per employed physician each year."

How clinician time is not being optimized

According to recent research published in **JAMA Internal Medicine**, U.S. physicians using EHRs spend, on average, "1.84 hours a day completing documentation outside of work hours," the study stated. Researchers looked at responses from the 2019 National Electronic Health Records survey, which polled 301,603 physicians, to discover more about the administrative burden clinicians experience.



Here are five findings on how administrative burden is impacting providers.



of physicians spend **two hours or more** completing **documentation** outside work hours daily.



58% of physicians said the time they spend completing documentation is **not appropriate**.



of physicians said **time spent documenting** **reduces** the time they can spend with their patients.



of physicians agreed **documentation done solely for billing** increases their total documentation time.



In 2019, researchers estimate

physicians spent a total of 125 million hours completing documentation outside work hours

PART TWO

ROBUST, THOROUGH, AND EXPANSIVE: THE POWER OF PROPRIETARY CLINICAL CONTENT



Technology that supports struggling clinicians

At Bright.md, we know the importance of bettering the care experience for all, which is why we center proprietary clinical content within our solution—**so we can effectively help clinicians gain support and relief from unnecessary burden.**

Unlike other virtual care platforms, we include proprietary clinical content for all conditions Bright.md helps treat, which make up more than 50 percent of all primary and urgent care visits. With more than 130 diagnoses, Bright.md's clinical content is evidence-based and updated regularly based on the latest clinical guidelines. **And because we have been building and refining our clinical content for more than eight years, our clinical content engine can't be replicated.**

What is Bright.md's clinical content, and how does it set us apart?



Dr. Christina Chen is a board-certified physician trained in family medicine. She began practicing medicine in 2007 and has vast experience delivering care both in-person and virtually.

As Bright.md's medical director, she ensures platform content is of the highest quality and adheres to the strictest standards of evidence-based medicine. Dr. Chen oversees the development of new content and monitors the latest guidelines and recommendations to keep clinical modules up to date. She also provides insight to the product team and works with our customers to optimize the clinical experience for their providers.

Q & A

Below, Dr. Chen discusses the ins-and-outs of our approach to clinical content, and how it supports clinical practice.

Q: When you say “Bright.md’s clinical content,” what do you mean?

Bright.md’s clinical content is what we like to think of as the “**medical brain**” of our platform. Clinical content is used throughout both the patient and provider experience. For instance, Bright.md gathers condition-specific history from a patient during their clinical interview. We also have specific “red flags” we screen for that allows us to determine it’s safe for a patient to receive care asynchronously.

From there, a chart note is generated from the patient’s clinical interview answers. Our clinical content includes treatable diagnoses available for any specific condition or set of symptoms, as well as treatment options that include both over-the-counter (OTC) and prescription medications, specialist referrals, and digital therapeutics. Lastly, Bright.md generates after-visit summaries that patients receive once care has been delivered.

Q: Who writes Bright.md’s clinical content?

Bright.md has an **in-house team that creates, maintains, and updates our clinical content**. The team includes myself as our medical director, as well as a team of physician editors and content specialists. Our physician editors are board-certified clinicians in their respective specialties.

Q: How do you determine what clinical protocols to use?

We use a number of different resources to inform our clinical content, including clinical practice guidelines from professional medical societies, validated screening tools, proven clinical decision rules, recommendations from organizations like the Centers for Disease Control (CDC), and online medical compendiums like UpToDate.

All of the resources we use are trusted for their adherence to evidence-based medical guidelines. Now with that said, we recognize medicine is constantly evolving—so we ensure our clinical content is relevant and up-to-date with internal processes like protocol/guideline monitoring, clinical updates, analytics review, and vetting of clinician feedback.



Our clinical content includes treatable diagnoses, treatment options, specialist referrals, digital therapeutics, and Bright.md generated after-visit summaries that patients receive once care has been delivered.

— Dr. Christina Chen, Medical Director at Bright.md

Q: What types of conditions and diagnoses are covered by Bright.md's clinical content?

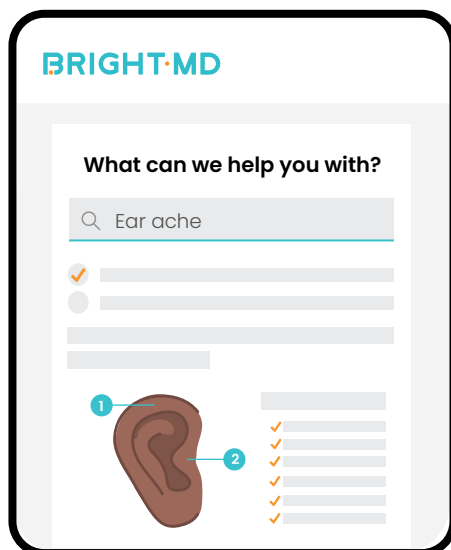
Our content includes **more than 130 treatable diagnoses**, most of which are low-acuity, episodic conditions typically seen in the Urgent Care and Primary Care settings.

With Bright.md, common treatable conditions for adults include:

- Birth control, including emergency contraception
- Bladder infection (UTI)
- Coronavirus Infection (COVID-19)
- Colds (Upper Respiratory Infections), Flu, and Allergy
- Depression and anxiety
- Migraine or headache
- Sinus pain or pressure
- Smoking cessation
- Yeast infection

And common treatable conditions for pediatrics include:

- Acne
- Burn or sunburn
- Cold, Flu, or Allergy
- Ear pain
- Head lice
- Rash and other skin conditions



Q: What makes Bright.md's clinical interview different from other, similar solutions?

With Bright.md, a patient doesn't get just a "stock" interview. Instead, our interview flow mimics the history-taking conversation that usually happens in a face-to-face interaction between a patient and provider. **So essentially, it's more personalized—we have logic built in that lets every patient path be unique and dynamic**, based on how they answer questions.

Once a clinician reviews the patient's interview and delivers care, the patient receives a personalized After Visit Summary with their diagnosis and treatment plan. Here, we don't only introduce the treating clinician to the patient, we're also tying the patient's unique symptoms back to the diagnosis, along with the specific medications prescribed, the home care advice given, and the follow-up instructions provided.

Q: How do providers interact with the clinical content? What does the process look like?

Once a patient completes their interview, our platform uses that information to generate a chart note for the provider to review. Included **in that chart note is all the necessary information for clinical decision making**, including a thorough history of present illness report, self-guided physical exam components, current medications, medication allergies, a medication contraindication review, pregnancy/breastfeeding/menstruation status when appropriate, past medical history, and social history.

Bright.md also presents the provider with a most-likely diagnosis based on the patient's interview responses, as well as the evidence-based treatment options for that diagnosis. The provider is free to change that diagnosis as they see fit, and if they do, the evidence-based treatment options will change as well.

Once the provider has chosen the appropriate diagnosis and treatment plan, they simply sign the chart note and care is delivered—no further documentation or follow-up is required.

Essentially, **Bright.md is a clinical decision support tool that automates almost 100 percent of the documentation process for providers.** And as a result, providers can practice more effectively at the top of their license while delivering quality, evidence-based care for their patients.

Q: Why should I trust Bright.md's clinical content over internal protocols or in-house content?

Bright.md's clinical content has been **honed and vetted over the course of eight years and is used to provide quality care to hundreds of thousands of patients.** It's been peer-reviewed by dozens of clinicians at our customer organizations—leading health systems throughout the country.

Q: What would you say to clinicians who are wary of relying on Bright.md's clinical content?

I would say that Bright.md's clinical content enables the same quality of care for low-acuity conditions as any face-to-face appointment.

We're able to gather just as comprehensive—if not more comprehensive—patient history than what's gathered in direct patient-provider interactions. This is done through the platform's consistent and thorough clinical interviews that are evidence-based and dynamically changing based on the patient's responses.

By automating the documentation process and presenting just the evidence-based treatment options for a particular diagnosis, Bright.md enables providers to deliver care that meets, and often exceeds, national quality standards, while also maintaining provider autonomy.

Q: How does Bright.md's clinical content impact costs to deliver care and ultimately drive value?

The clinical content within our asynchronous telehealth solution allows providers to practice at the top of their license, efficiently **providing high-quality care in a fraction of the time and at a fraction of the cost.** Providers using our platform deliver care for low-acuity, episodic conditions in an average of 3.5 minutes per patient. Patients, in turn, are only waiting six minutes on average between the time they submit their interview responses to when they receive their diagnosis and treatment plan.

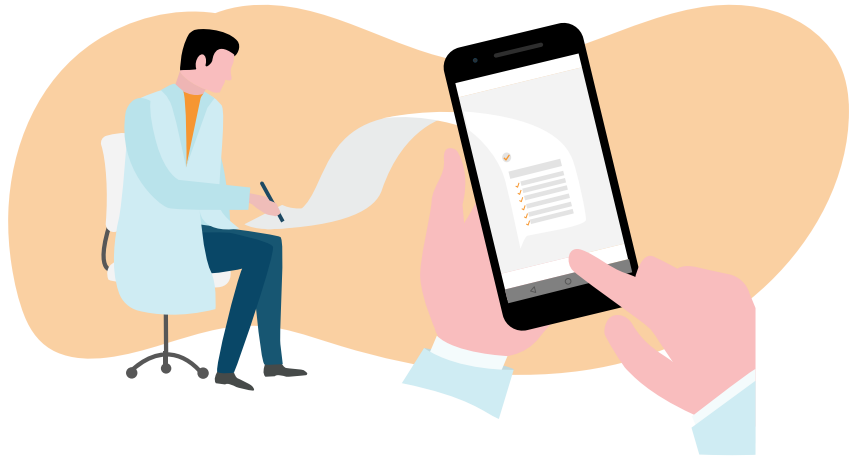
Together, these numbers have huge implications for improving patient satisfaction, increasing patient retention, improving access to care, reducing provider burnout, and driving cost savings for the health system.

PART THREE

HOW BRIGHT.MD'S CLINICAL DECISION SUPPORT IMPACTS HEALTHCARE OUTCOMES

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THE GOAL OF CLINICAL DECISION SUPPORT IN OUR EYES? TO ALLEVIATE THE ADMINISTRATIVE BURDEN THAT'S PART OF DELIVERING CARE WHILE MAINTAINING PROVIDER AUTONOMY—ALL SO PROVIDERS CAN SPEND MORE TIME WITH PATIENTS WHO NEED THEM MOST, AND LESS TIME DOING PAPERWORK.”



Why is clinical decision support critical for the future of care delivery?

Clinical decision support tools improve provider efficiency by automating administrative tasks and integrating seamlessly into existing workflows, including EHRs, prescription fulfillment tools, billing, and more. The goal of clinical decision support in our eyes? To alleviate the administrative burden that's part of delivering care while maintaining provider autonomy—all so providers can spend more time with patients who need them most, and less time doing paperwork.

Clinical decision support is particularly crucial for virtual care platforms, since many solutions in the market have instead added to providers' inefficiencies. In fact, in one recent study, one in four clinicians said virtual care systems and workflows are hardly or not at all integrated with their organization's existing systems.

Check out five ways clinical decision support can help improve healthcare delivery through an asynchronous telehealth solution like Bright.md.

1

More patient personalization

Bright.md's interview flow mimics the conversation between a patient and provider, making it more personalized. Our solution has **logic built in that lets every patient path be unique and dynamic**, based on how they answer questions.

Once a patient completes their interview, **Bright.md generates a chart note that integrates directly into an EHR and includes all information needed for clinical decision making.** Clinicians receive a history of present illness report, along with a most-likely diagnosis. Once the provider chooses the diagnosis and treatment plan, they sign the chart note and care is delivered—no further documentation or follow-up is required.

Less clinical burden on providers

2

3

Built-in consistency

Bright.md's clinical content has been **honed and vetted over eight years** and is used to provide quality care to hundreds of thousands of patients. The platform gathers just as comprehensive patient history than what's gathered in direct patient-provider interactions. This is done through Bright.md's clinical interviews that are evidence-based and dynamically changing.

The resources used to create and maintain Bright.md's **clinician content include clinical practice guidelines** from professional medical societies, validated **screening tools, proven clinical decision rules, recommendations** from organizations like the Centers for Disease Control (CDC), and **online medical compendiums** like UpToDate.

Guaranteed clinical adherence

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Lower cost of care

Providers using Bright.md **deliver care for low-acuity conditions in an average of 3.5 minutes per patient.** Patients, in turn, are only waiting six minutes on average. Together, these numbers have huge implications for improving patient satisfaction, increasing patient retention, improving access to care, reducing provider burnout, and driving cost savings for health systems.

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There is a speed to market for us with Bright.md. Even if we could build out all the [asynchronous interviews] we wanted to—which we thought about—it would take a couple of years to design, vet, and build more than 25 clinical conditions.

— Dr. Brett Oliver, Chief Medical Information Officer at Baptist Health

Drive physician wellness, revenue, and patient satisfaction with clinical decision support



Administrative tasks don't need to weigh your doctors down any longer. And as staffing shortages and burnout carries on, clinicians need to spend time where they matter most.

The clinical decision support found in Bright.md's asynchronous telehealth solution is proprietary to our platform and proven to help streamline the overall care delivery process for low-acuity conditions. It's time for technology to empower your providers without adding to their plates—all while you create happy, satisfied patients that return to your health system.

Why health systems partner with Bright.md



Attract patients
with on-demand
care options



Expand access
with low-cost
convenience



Cut costs
by decreasing
expensive ED visits



Save provider time
by treating low-acuity
patients faster



**The leading asynchronous
telehealth solution loved by
patients, trusted by providers**

SEE IT IN ACTION