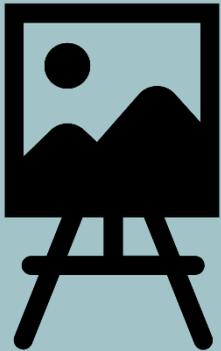
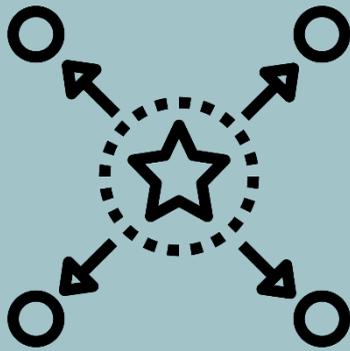
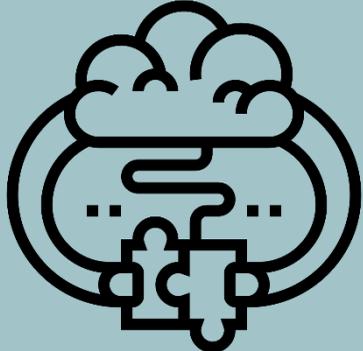


# Provider Profiles for Using Health IT

(Source of Inspiration)

				
Profile	Artisans	Guardians	Idealists	Rationals
General Description	Creative data extractors/ appliers interested in insights offered by and uses of data from EHR and will do what is necessary to achieve these ends.	Protecting/buffering patients from the harms of tech, some overlap with the Rationals, committed to preserving unique patient perspectives in notes and latitude for providers in the EHR environment.	Early adopters who have a great deal of faith in technology-- technology will fix it all! May not have staying power in the long adoption of technology, and sometimes struggle to see their personal role in success of tech.	Pragmatic, 'I do only what I need to do in terms of technology'- efficient but working around rather than through technology. Tend to have strong staying power once they believe in something and have adopted it.
Considerations when supporting	<p>Artisans want to see and use data in informational, visionary ways.</p> <p>Artisans may be most motivated by showing what the data can do, what insight can be gleaned, and how that can improve their practice.</p>	<p>Guardians may be skeptical of both the value and promise of the EHR and health IT. Guardians may be resistant to the standardization and/ or uniformity that can be central to health IT implementation and use.</p> <p>Guardians may want to talk about the implications of technology in terms of what it means for the patient, rather than what it means for them or for the organization.</p>	<p>Idealists may come in with a lot of energy and be enthusiastic about the promise of technology. These are early adopters.</p> <p>Idealists may be easily discouraged ("we picked the wrong technology, some other technology wouldn't have these challenges")</p> <p>Idealists may be less likely to see the need to modify their practice or workflow to fully integrate the technology.</p>	<p>Rationals are <i>unlikely</i> to be early adopters, but they <i>are</i> likely to adopt tools once they have been proven and the use cases tested and demonstrated.</p> <p>Rationals are not looking for technology to save them, they are most interested in efficiently getting their work done.</p>

<p><b>Questions/ responses that may be correlated with this profile (from Provider Tech Experience Tool)</b></p>	<p>Q2-Q7: Likely to identify on the higher end of the Skills scales.</p> <p>Q10: Top Concerns:</p> <ul style="list-style-type: none"> <li>• Too much of a black hole. I enter information in and nothing seems to happen-- for example, doesn't make it to reports or no one takes responsibility to act on it.</li> <li>• Too many documents or messages to review.</li> </ul> <p>Q11: Primary benefits of technology:</p> <ul style="list-style-type: none"> <li>• Ability to see across the patient population</li> <li>• Improved patient safety</li> <li>• Improved quality of care</li> </ul> <p>Q12: EHR time not well spent:</p> <ul style="list-style-type: none"> <li>• Training outside of my role (e.g., time spent on generic training)</li> <li>• Responding to duplicate or redundant messages/care gaps.</li> </ul> <p>Q13-14: Motivations:</p> <ul style="list-style-type: none"> <li>• To gain insight into patients' needs</li> <li>• To better understand trends among my patients</li> <li>• More likely to identify as wanting to interact with <i>data</i> than with <i>technology</i>.</li> </ul>	<p>Q2-Q7: Less likely to consistently identify as being on the higher end of the Skills scales.</p> <p>Q10: Top Concerns:</p> <ul style="list-style-type: none"> <li>• The standardization required loses the unique characteristics/ narrative of my patients or encounters.</li> <li>• Too much of a black hole. I enter information in and nothing seems to happen-- for example, doesn't make it to reports or no one takes responsibility to act on it.</li> <li>• Alerts and other EHR features interrupt the patient visit.</li> </ul> <p>Q11: Primary benefits of technology:</p> <ul style="list-style-type: none"> <li>• Enhanced communication (between care teams, providers, staff, and/ or patient)</li> <li>• Improved patient safety</li> <li>• I don't think technology benefits my practice.</li> </ul> <p>Q12: EHR time not well spent:</p> <ul style="list-style-type: none"> <li>• Requirements (e.g., training or documentation) for time-limited grant opportunities or programs that detract from patient care.</li> <li>• Structured data, checking boxes, meeting requirements that I don't feel pertain to my patients.</li> <li>• Reviewing reports, data dashboards, etc. for quality measures that I don't feel reflect my work.</li> <li>• Clicking, all the clicking.</li> </ul>	<p>Q2-Q7: Likely to identify on the higher end of the Skills scales.</p> <p>Q10: Top Concerns:</p> <ul style="list-style-type: none"> <li>• Too many clicks.</li> <li>• Too much information to navigate through.</li> <li>• Unable to locate the information I need when I need it.</li> <li>• Too many documents or messages to review.</li> </ul> <p>Q11: Primary benefits of technology:</p> <ul style="list-style-type: none"> <li>• Increased efficiency</li> <li>• Taking on/ completing repetitive tasks currently done by humans</li> </ul> <p>Q12: EHR time not well spent:</p> <ul style="list-style-type: none"> <li>• Requirements (e.g., training or documentation) for time-limited grant opportunities or programs that detract from patient care.</li> <li>• Tasks that the EHR requires me as a provider to do, but could easily be automated or done by someone else.</li> <li>• Clicking, all the clicking.</li> </ul> <p>Q13-14: Motivations:</p> <ul style="list-style-type: none"> <li>• When it's making my life/ my job easier</li> <li>• When it's taking things off my plate so I can spend more time with my patients.</li> <li>• When it's been proven accurate</li> <li>• More likely to identify as wanting to interact with <i>technology</i>.</li> </ul>	<p>Q2-Q7: Less likely to consistently identify as being on the higher end of the Skills scales.</p> <p>Q10: Top Concerns:</p> <ul style="list-style-type: none"> <li>• Too many clicks</li> <li>• Too much information to navigate through.</li> <li>• Too many documents or messages to review.</li> <li>• Alerts and other EHR features interrupt the patient visit.</li> </ul> <p>Q11: Primary benefits of technology:</p> <ul style="list-style-type: none"> <li>• Improved patient safety</li> <li>• Supports coordination of team care</li> <li>• It's a 'necessary evil' for billing and reporting, but that's about it.</li> </ul> <p>Q12: EHR time not well spent:</p> <ul style="list-style-type: none"> <li>• Responding to duplicate or redundant messages/care gaps.</li> <li>• Responding to duplicate or redundant messages/care gaps.</li> <li>• Training outside of my role (e.g., time spent on generic training)</li> </ul> <p>Q13-14: Motivations:</p> <ul style="list-style-type: none"> <li>• When it improves my ability to care for my patients</li> <li>• When it's been proven accurate and helpful</li> <li>• When it's use cases/ purposes are very clear.</li> <li>• More likely to identify as wanting to interact with <i>data</i> than with</li> </ul>
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<p><b>Potential Tech Adoption to Address Their Unique Point of View</b></p>	<p>High-quality dashboards/ analytics such as Relevant, Tableau, etc.</p> <p>Huddle sheets</p> <p>Electronic check-in/ screening, allowing needed information to be available prior to the visit</p> <p>Digital workflow tools for care team tasks (such as smart filers or automation to manage returned documents, lab results, diagnostics, medication refills, referrals, etc.)</p>	<p>Scribes, virtual assistants, talk-to-type, ambient documentation.</p> <p>Patient-driven tools (Remote patient monitoring; messaging such as through the portal or other messaging tool)</p> <p>Addressing system slowdowns (through increased broadband, minimizing system overload, archiving documents when appropriate, etc.) so the system doesn't impede their interaction with the patient.</p>	<p>Scribes, virtual assistants, talk-to-type, ambient documentation</p> <p>Robotic Process Automation to complete tasks that are currently taking up staff time.</p> <p>Designing/ building shortcuts, favorites, and order sets.</p> <p>Single sign-on</p>	<p>High-quality dashboards/ analytics</p> <p>Patient engagement tools that address known challenges such as texted appointment reminders to minimize no-shows.</p> <p>Using shortcuts, favorites, and order sets for common scenarios (unlikely to build them or design them, but more likely to use them when they save time)</p> <p>Addressing system slowdowns or other inconveniences (such as connecting to printers, knowing where to find common apps, password management etc.) so they can continue to operate efficiently—also single sign-on.</p>