

ECRI's *Strategic Insights for Ambulatory Care* newsletter is being offered to CAPIC insureds at no cost. If you are interested in visiting any of the links in this edition, please contact Brad Dunkin, Assistant Vice President, at [BDunkin@CAPphysicians.com](mailto:BDunkin@CAPphysicians.com).



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*Strategic Insights for Ambulatory Care* is a biweekly service provided by ECRI and the Cooperative of American Physicians (CAP). We welcome your comments; please send them to [AmbulatoryCareRM@ecri.org](mailto:AmbulatoryCareRM@ecri.org).



## How Does Your Organization Use Artificial Intelligence?

Take our quick survey to let us know how your organization is **using artificial intelligence** in patient care.

[Take our survey!](#)



## Patient Safety & Relations

### ECRI Research Concludes GLP-1 RAs with Lifestyle Changes Effective for Weight Loss

**What's the news.** ECRI's clinical evidence research has shown that glucagon-like peptide-1 receptor agonists (GLP-1 RAs) are effective to achieve additional, clinically significant weight loss in adolescents and adults who are obese or overweight when combined with lifestyle modification (e.g., diet, exercise), according to a [recent](#)

**[report from the Medical Professional Liability Association](#)**. It is important to ensure that GLP-1 RAs are reaching the right patients and being used within the limits supported by clinical evidence to avoid risks of patient harm and undue financial burden.

**Why it matters.** Obesity is a major driver of mortality and morbidity in developed countries due to its high prevalence and contribution to the risk of serious conditions, such as coronary artery disease, fatty liver disease, type 2 diabetes mellitus (T2DM), colorectal cancer, and chronic kidney disease.

**How ECRI can help.** ECRI's blog post **[Using Evidence to Facilitate Physician-Patient Conversations about GLP-1 RAs](#)** discusses clinical practice guidance and evidence on GLP-1 RA safety and effectiveness.

### **Goals-of-Care Conversations Often Missing Important Components**

**What's the news.** Analysis of goals-of-care conversations led by nurses and social workers and documented in electronic health records found that all five goals-of-care components—illness understanding, goals and values, end-of-life planning, surrogate, and advance directives—were discussed in 67% of conversations; although surrogate and advance directives were often documented completely, almost 40% of goals and values and 48% of end-of-life planning were incomplete, according to a **[study published in the August 2024 issue](#)** of the *Journal of the American Geriatrics Society*.

**Why it matters.** Conversations about patients' goals and preferences can guide care decisions and help providers ensure that treatment aligns with patient values.

**How ECRI can help.** The guidance article **[Person-Centered Care](#)** discusses patient-centered care in its broadest sense and provides information and resources that risk managers can use to help their organizations identify and implement person-centered practices.

### **Implicit Bias Training Lacks Specificity and Validity, May Compromise Benefits**

**What's the news.** Although many healthcare organizations are adopting implicit bias training, such trainings are characterized by bias in methodological quality and translational gaps; they commonly lack specificity on addressing implicit prejudice and stereotyping (67.5%) and not all trainings used best teaching practices (e.g., hands-on activities, didactic presentations, ample opportunity to practice strategies), according to a **[study published August 14, 2024, in Science Advances](#)**.

**Why it matters.** Study findings suggest that bias and translational gaps may compromise the positive impacts of such training.

**How ECRI can help.** Organizations can use the strategies provided in **[Taking Action: Strategies to Advance Health Equity](#)** to identify and address disparities their patients may face.

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## Worker & Environmental Safety

### Seven in 10 NPs Report Burnout, Depression, with Job Stress a Contributing Factor

**What's the news.** Seven in 10 nurse practitioners (NPs) feel burned out and/or depressed, with almost all responding that job stress is a critical contributing factor for at least some, if not all, of the burnout and depression, according to [a 2024 report from Medscape](#). Approximately one in eight NPs said their burnout is so severe that they may leave medicine altogether, and roughly seven in ten NPs said they have felt burned out for at least one year.

**Why it matters.** Working in healthcare is an inherently stressful occupation. Across care settings, medical disciplines, and roles, healthcare workers are at increased risk of experiencing occupational burnout that affects their physical, emotional, and psychosocial well-being.

**How ECRI can help.** The guidance article [Improving Healthcare Worker Well-Being](#) discusses how healthcare organizations can measure the physical and emotional well-being of healthcare workers and develop or improve strategies to address gaps in employee support systems.

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## Legal & Regulatory

### Doctor Accused of Medical Malpractice after Not Wearing Hearing Aids during Procedures

**What's the news.** A Florida doctor has been accused of two counts of medical malpractice and fined \$7,500 after beginning a colonoscopy when the patient was not fully sedated; the doctor was not wearing his hearing aids and did not hear the patient yelling. In another procedure on the same day, the doctor delegated part of the procedure to a surgical tech who was not a licensed doctor, according to an [August 20, 2024, NBC News article](#).

**Why it matters.** Providers must follow state and federal standards of care. Failing to do so can lead to patient harm, reputational damage, litigation, and fines.

**How ECRI can help.** The guidance article [Culture of Safety: An Overview](#) describes the elements of a safety culture and provides recommendations on how an organization can approach each element.

### Team-Based Documentation Support Increases Visit Volume, Decreases EHR Time

**What's the news.** The adoption of team-based documentation support (i.e., coauthored notes) was associated with significant increases in visit volume and decreases in documentation time in the electronic health record (EHR), including after-hours EHR time, according to a [study published August 26, 2024, in JAMA](#)

*Internal Medicine*. However, only high-intensity adopters—physicians with more than 40% of note text authored by others—saw reductions in documentation time.

**Why it matters.** EHR documentation can be burdensome for physicians; it's time consuming, EHR systems may be complex, and it can reduce the amount of time they have for face-to-face interaction with patients, in addition to other problems. However, documentation is a vital activity that cannot be avoided. Ongoing improvement efforts can address provider issues with workflow and overall administrative burden.

**How ECRI can help.** The guidance article [Electronic Health Records: Functionality](#) addresses risks associated with the functionality of EHR technology and offers recommendations for organizations to mitigate risks and improve patient care.



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