Four-steps to fight back against EHR burnout

Burnout among U.S. physicians seems to have reached epidemic proportions. As shown in several recent studies, nearly half of U.S. practitioners experience burnout, mainly attributed to increased use of EHRs. Physicians are spending more time in front of computer screens instead of interacting with patients.

A 2016 study of ambulatory care physicians reported that for each hour that physicians spend on direct patient care, they spend two hours on EHR data entry and other administrative work. Outside of office hours, physicians spend one to two hours of personal time on additional computer and clerical work, the study indicated.

As physicians experience exhaustion and a loss of enthusiasm for work, burnout can cause them to distance themselves from their patients or the organisation. Burnout's negative effect on a healthcare organisation's bottom line can take the form of increased medical errors, staffing turnover, absenteeism, and increased medical costs for the burnt-out providers.

New technology solutions

Implementing a systematic approach that gives physicians the choice of how to reduce click-based tasks was important to successfully reducing burnout levels, says Martin Pricco, MD, president of Sutter Gould Medical Group, based in Modesto, Calif. and affiliated with health system giant Sutter Health.

Sutter Gould has 360 physicians, more than 1,000 employees, 1.6 million patient visits per year and $380 million in annual net patient service revenue. The medical group was able to lower its physician burnout rate to below the national average by implementing new technology solutions while providing increased training and oversight of how much time physicians were spending in front of their computers.

Sutter Gould focused on four areas of improvement:

1. Initial EHR training. All physicians had to undergo this six-hour training, including those who had used a similar EHR at another health system. "Those physicians who are trained properly go on to have greater satisfaction and usability over time, not just months but years later," Pricco said.

2. User interface personalisation. Personalising the EHR to fit physician needs by speciality has helped to shorten time spent doing data entry. Sutter Gould assembled a team from each speciality to identify areas where the EHR could be made more personalised and less cluttered to improve efficiencies. The initiative resulted in removal of unnecessary buttons and alerts, introduction of "smart phrases," and construction of a cleaner interface customised for each speciality.

3. Expanded options in note documentation. Physicians were given choices in how they wanted to input their patient notes into the EHR. Now, about one-third of Sutter Gould physicians use voice recognition software for note creation, while another third key in their notes using templates. Ten percent use dictation, 7 percent use medical assistant scribes to input notes, 4 percent use remote scribe technology in partnership with Google Glass, and 21 percent use a combination of these methods. "The point here is we give everyone choice," Pricco said.

4. Reduced volume of physician in-baskets. The group focused on decluttering folders and eliminating tasks that could be done by other clinicians, such as medication refill requests.

In addition, monitoring how much time each physician is in the EHR and at what time of day is important. This helps to target interventions at over-users, Pricco explained. One physician was observed in the EHR at all hours of the day and night, spending most of her time in the notes section. Sutter Gould intervened, and she switched over to a voice recognition technology for note entry and is spending far less time in the EHR, Pricco said.

Source: HFMA
Image Credit: Pixabay

Published on : Tue, 27 Mar 2018