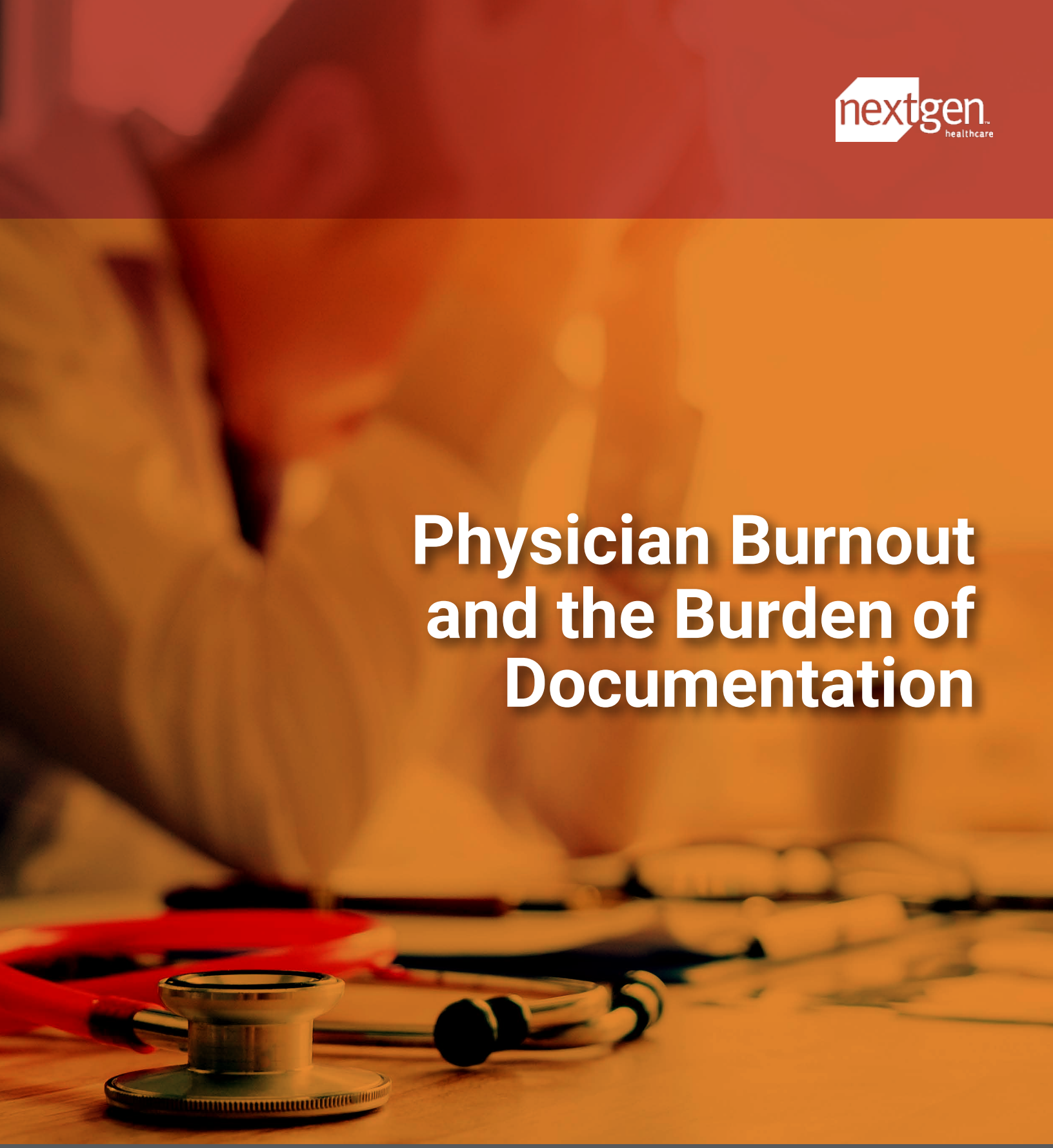

Physician Burnout and the Burden of Documentation

MADISON LOGIC

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In 2009, the HITECH Act provided an incentive for physician practices to invest in an electronic health record (EHR) system and to make "meaningful use" of it, resulting in the trend toward widespread EHR adoption. Between 2008 and 2015, the percentage of office-based physicians using any type of EHR more than doubled, from 42 to 87 percent—with nearly eight out of 10 practices using a certified EHR.[1] By the end of 2016, over 60 percent of all U.S. office-based physicians had demonstrated meaningful use, as defined by guidelines issued by the Centers for Medicare & Medicaid Services (CMS).[2]

This is impressive progress, by any measure. Yet, while most physicians are now charting electronically, many are less than enthused about the massive disruption in how they practice medicine. In a recent Medscape report, 44% of physicians surveyed said the EHR either made the documentation burden worse or had no effect on it at all.[3] A significant majority (57%) said the EHR reduced the amount of face-to-face time they had with patients, with half reporting that they saw fewer patients as a result.[4]

For many doctors, electronic charting requirements have created inefficient workflows while, at the same time, the documentation burden is increasing, due to coding, quality-tracking, and regulatory requirements. It's the proverbial double-whammy—and it is creating two distinct but interrelated sources of physician dissatisfaction:

- Disruption of the traditional caregiver role as data entry tasks take time away from patient care
- After-hours time spent catching up on documentation, sometimes referred to as work after clinic or "pajama time"

A 2016 time-and-motion study of physicians in the ambulatory care environment broke down time allocations this way:

> *During the office day, physicians spent 27% of their total time on direct clinical face time with patients and 49.2% of their time on EHR and desk work. While in the examination room with patients, physicians spent 52.9% of the time on direct clinical face time and 37% on EHR and desk work. The 21 physicians who completed after-hours diaries reported one to two hours of after-hours work each night, devoted mostly to EHR tasks.*[5]

Objectively, it is easy to see the roots of dissatisfaction in those numbers. And as physician dissatisfaction grows, some doctors avoid electronic documentation burdens by retiring early, by refusing Medicare and Medicaid patients (to avoid CMS meaningful use penalties), or by moving to a concierge model of medicine. Others burn out and leave the profession entirely.

Physician burnout leading to attrition is a major concern of policy makers as well as clinicians, particularly when it threatens to ***reduce the total number of providers*** *and thereby* ***diminish access to or continuity of care.***

When dissatisfaction becomes burnout

Physician burnout leading to attrition is a major concern of policy makers as well as clinicians, particularly when it threatens to reduce the total number of providers and thereby diminish access to or continuity of care. A growing body of research links burnout to problems stemming from the EHR.

The time-and-motion study referenced above cites two separate research studies that show "correlations between increases in EHR task load and physician burnout and attrition."[6,7], Yearly surveys distributed by Medscape have been tracking burnout since 2013, when the overall burnout rate among physicians was 40%.[8] By 2017, the same survey (distributed to 14,000 physicians over 30 specialties) found a burnout rate of 51%—an increase of 25% in just three years. Among the top causes of burnout, as ranked by physicians, was "increasing computerization (EHR)." The top three causes also included the EHR-related problems of "too many bureaucratic tasks" and "spending too many hours at work."[9]

Perhaps most notably, the Agency for Healthcare Research and Quality (AHRQ) has identified EHR use as a cause of burnout, stating that the rising prevalence of both are raising questions about patient safety and quality of care. A report on burnout issued by the AHRQ noted that severe burnout can lead to attention deficits and impaired decision-making, potentially leading to medical errors.

Burned out doctors are known to have a more cynical outlook on their role in the healthcare system (they report feeling like "just another cog in the wheel"), and to experience an overall reduced sense of purpose and self-value. Not surprisingly, physician dissatisfaction and burnout are associated with lower patient satisfaction and a reduced adherence to treatment plans. For all these reasons, a collaborative report by the American Medical Association (AMA) and the RAND Corporation has identified widespread physician burnout as a factor capable of destabilizing the entire healthcare system—by amplifying the shortage of primary care providers, creating gaps in access to care, and potentially increasing the cost of care.[10] There is a pressing need to improve the physician experience, particularly in terms of decreasing administrative burdens.

Understanding the physician perspective

Overwhelmingly, physician complaints with the EHR center around inefficient workflows that create a need to spend personal time catching up on documentation, and disruptions to the way they practice medicine. There is currently a perception among doctors that they are expected to function as data entry specialists, rather than the valued experts they trained to become. This is in direct conflict with the professional directive for physicians to practice "at top of license," meaning to use the full extent of one's education and training, rather than spending time on tasks that could effectively be done by someone else.

*In a recent Medscape study, **40%** of physicians surveyed ranked **"personal connection" as the top consideration** for consumers evaluating a medical practice.*

Physicians view medicine as both an art and a science. They consider the doctor-patient relationship to be a critical factor in the healing process. In a recent Medscape study, 40% of physicians surveyed ranked "personal connection" as the top consideration for consumers evaluating a medical practice. This is where the art of medicine comes in: a physician's ability to establish a rapport, listen for clues, and synthesize data from the patient's story is a finely tuned skill. Yet researchers who studied the ways in which the EHR affects interaction with the patient, suggested that suboptimal computer use in the exam room could cause physicians to miss out on insights and observations, saying this could "adversely affect the amount and type of information shared by the patient, the amount of information recorded, and ultimately the quantity and quality of EMR data available for both patient care and research."[11]

Numerous studies have also found that EHR use during a patient encounter reduces both conversation and eye contact.[12,13,14] This becomes a problem because eye contact is known to correlate strongly with patient satisfaction.[15] Conscientious physicians want the patient to know they are listening. Active listening skills were more apparent when physicians jotted notes on paper while facing the patient, rather than clicking and scrolling while focused on the computer screen. However, if physicians don't use the EHR in the exam room, they must find time to complete documentation later—which means either seeing fewer patients during office hours or catching up on charts after hours.

Some doctors say they miss dictation and transcription as a documentation solution. In a blog post, one physician stated:

> *In my personal opinion, it is a lot more efficient to navigate through a well-organized paper chart and dictate using a transcription service. Before EHR, I was able to dictate a comprehensive note in less than five minutes, now it takes me 10-15 minutes post-encounter to complete the note.*[16]

In a survey in which physicians shared their experiences regarding the EHR's influence on productivity, a doctor stated that his scribe was ***the only reason the EHR would deliver meaningful use****, as working with a scribe let him* ***get back to his pre-EHR productivity level.***

Now, physicians are beginning to turn to scribes; a 2016 poll by the Medical Group Management Association said 35% of respondents have gone this route.[17] In a survey in which physicians shared their experiences regarding the EHR's influence on productivity, a doctor stated that his scribe was the only reason the EHR would deliver meaningful use, as working with a scribe let him get back to his pre-EHR productivity level.[18] This anecdote is supported by a study that evaluated four cardiologists in an outpatient clinic over 65 clinical hours, finding the doctors could see 81 additional patients when using scribes.[19] Yet physicians recognize that scribes don't eliminate the EHR burden entirely as they are still ultimately responsible for the accuracy of the record. Other known drawbacks to using on-premise scribes include:

- An average time of two to three months for a scribe to get up to speed at a new job
- The cost of employing one or more scribes
- High turnover among scribes, particularly when employing medical students for this role
- Lack of any standard of training, regulation, or oversight of scribes (a problem reported by Kaiser Health Network)[20]

- Little time savings when doctor still must allow extra time to review records and enter prescriptions, which a scribe cannot legally do
- Patient dissatisfaction with having another person in the room, particularly during potentially embarrassing or emotional doctor-patient discussions

The medical profession is actively looking for solutions to physician dissatisfaction with the EHR and its contributions to burnout. In a position paper, The American Academy of Family Physicians called for a systems approach to identifying and combating the root causes of this problem.[21] Additionally, a task force of the American Medical Informatics Association has issued a report calling for the industry to cut down on the complexity of documentation.[22]

NextGen® Mobile Solutions (formerly Entrada) are a software as a service (SaaS) technology, available for both iOS and Android devices, which ***allows any smartphone to become an extension of the EHR.***

NextGen Mobile Solutions: Easing the Burden

NextGen Healthcare, an industry leader in information technology, has looked at ways to reduce the complexity of documentation so physicians can avoid burnout and operate top-of-license. With NextGen Mobile Solutions, practice managers can ensure greater physician satisfaction and—ultimately—the success of an ambulatory practice.

NextGen Mobile Solutions are a software as a service (SaaS) technology, available for both iOS and Android devices, which allows any smartphone to become an extension of the EHR. It eliminates many of the typical drawbacks of documenting directly into the EHR or using human scribes while ensuring physicians stay productive and have more face-to-face time with their patients.

The physician experience is interacting with a user-friendly mobile app. Doctors tap the screen and dictate their notes during or after a clinical encounter. Physicians can send their documentation directly to the EHR, securely send to a transcription team, or securely send it to a remote scribe to complete the patient chart and related tasks. This redistributes work to the correct resource, allowing the physician to focus on the practice of medicine.

The mobile solution integrates with clinical platforms and all major ambulatory EHRs. It can be tailored for any clinical specialty, to meet the goals of the individual practice. Since

NextGen Mobile Solutions assists physicians in capturing the structured and narrative elements of documentation, it not only creates more efficient workflows, but ensures high-quality, easily understood progress notes that are easily shared with other physicians. Robust data capture also simplifies and accelerates the coding and billing process.

NextGen Mobile Solutions provide a fast, easy way for physicians to view and share real-time clinical content and to complete key EHR tasks from a mobile device. By optimizing physician productivity, NextGen Healthcare provides both a better provider and patient experience.

For more information:
email Results@nextgen.com or call us at 855-510-6398.

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