Complete transcript of Tech Frustration and Burnout: Making Technology Work For You

[00:00:03] The healthcare dynamic is rapidly changing. Understanding the basic fundamentals related to the business of medicine empowers practitioners to advance their skills in a knowledge of the business aspects of medicine estimates Business of Medicine Simplified program explores the essentials of everything from reimbursement and compensation models, insurance and risk management to practice employment and business finance.

[00:00:29] Tech Frustration and Burnout: Making Technology Work For You. Not only has technology changed experiences for patients and their families, but it has also had a significant impact on medical processes and the practices of healthcare professionals. Join us for health technology insights, "Tech Frustration and Burnout: Making Technology Work For You". Doctors Andy Mohan and Reza Sadeghian will provide you with simple, common sense ideas on how to make technology and new innovations in health care work for you.

[00:01:00] **Reza Sadeghian (RS):** What is a physician burnout? I mean that's, that's really our main topic here for today. And from a clinician standpoint, when you talk about the burnout, we usually talk about the combination of multiple factors such as emotional exhaustion, depersonalization, and a sense of reduced personal accomplishment. And looking at our current healthcare system and looking at the physician's perspective on this, we see that almost in every specialty and subspecialty and the most recent data shows that one every, in every three to four physician, are suffering from one of those components that I alluded initially.

[00:01:51] **Andy Mohan (AM):** There is an epidemic of physician burnout in the United States which has a pervasive negative effect on all aspects of medical care, including the physician career satisfaction itself. And if you look at some of the data from Medscape and numerous global study, it shows that there are increasing number of physician dissatisfaction and lower patient satisfaction on the quality of care. We have an increased physician suicide and physician alcohol and drug abuse and addiction. And also we see a lot of higher physician staff turnover for a variety of causes of physician burnout. Some of this reason that I can allude to that is a combination of factors from work, from the environment they practice in, from the technology they use, from the time pressure standpoint, from the family responsibilities, and the last one, but not the least one, is their low control of pace of their workflow.

[00:03:03] **AM:** Reza, I totally agree with you. It's, it's a pretty big epidemic going on through the US. I've been to a lot of different institutions and I continuously see a lot of providers just struggling throughout the day, just trying to complete you know, their, just get through their, you know, patients throughout the day, you know, trying to spend as much time with them, but they're focused a lot more on the technology or other, you know, other tasks that kind of take them away from their patients, like data entry, those type of things. So you know they're there typically, you see a lot of providers, especially in the ambulatory side, a lot of the primary care providers, that are there, sitting there charting till 8-9-10 o'clock when they should be with their family. And of course, you know, that resorts to a lower quality of life which trickles down to a

lot of other things. So not only are they affected, you know, they're, the patients are affected as well. So it's something that needs to change.

[00:04:09] It has to change at some point because we're at a drastic point right now in terms of this situation. Not only that, it, a lot of the, these providers that are really suffering on the ambulatory side and on the inpatient side. They are, they're influencing, I mean they're obviously, they are the mentors for a lot of future physicians and providers and nurse practitioners, PAs. They are, I can see a lot of them dissuading going towards medicine which is also going to cause a problem in terms of the supply demand of the, obviously we're going to have a lot more supply of the baby boomer physician, patients, but we're also, we're also going to be losing a lot of those providers and we're not going to train as much. So I just see a lot of, you know, a lot of issues going on with this continued physician burnout which we need to fix.

[00:05:11] **RS:** What do you see one of the most important factors over here?

[00:05:17] **AM:** You know that's, I think, it's multifactorial. I certainly do think that the EHR does play a part, but I think that there are systems that are robust enough and they have enough tools that you can, you know, you certainly personalize it and build out certain templates, certain support tools that are going to help you throughout your day. I think one of the biggest issues is the fact that providers are being asked to do a lot more data entry. Given that task, which they should be more focused on their patients, which is, it's you know, it's, it's kind of difficult for them because they want to focus more on their patients but they're focused more on the technology. So I think one of the, one, one of the ways we can certainly help them out is if we get their, their team or their clinical support staff to to help them out with that scenario, you know that, that data entry. If they can, if they can do a lot of that, it can actually pull a lot of the pressure off of these guys.

[00:06:27] **RS:** Yeah, I agree with you on that. I mean looking at how our electronic medical records operate in the US versus the same system overseas; looking at how many regulations we have and how much work the physician needs to do in order to complete the task. It's interesting that one of the latest paper that came out was comparing the number of characters that the physician in the US had to put into their ambulatory care notes compared to the, to the outside United State, which was almost four times longer and the amount of work that a physician needs to complete in order to be, in order to, in order to fulfill the task from the coding perspective, the billing perspective. It was quite amazing that how much more satisfaction you would get out of the same EMR in, for instance, for instance, Australia versus United State.

[00:07:31] **AM:** Right, right. I think that, you know, there's certainly something to be said about technology making things more efficient in other industries. And right now it seems to be, it seems to be kind of bogging things down in the healthcare industry. So, you know, these kind of things, is, we need to change it. It's obviously it's, it's going to keep evolving into more of a user-friendly type of, user-friendly type of systems. But, you know, I guess those things kind of take time and in the meantime, we have to have, we probably need more support staff to assist these, assist these guys so they can do their job and assist all of us so they can do their job and, and do well by their patients and what they're trained for.

[00:08:20] **RS:** Yeah, I agree with that. I mean some of the things that I noticed that we tried to do in our practice was to first of all analyze the workflow after we implemented, implemented the medical record. So we tried to look and see what, how things were going on the paper. And now that we are replacing this system with our paperwork, what things we're going to change. And one of the analysis that I always tell my staff is if you buy a new electronic device and you don't know how to use it the first thing you do, you go and read the manual. Unfortunately with electronic medical records, you can go to the help section, but that's going to be quite extensive. And most of the time, you know, that these practices or the institutions where they have the electronic medical record implemented, they don't really look into this workflow that they have and how they can modify it, even before they go live, or if the physician have enough training based on those, based on that new medical record. And, also moving forward with that electronic medical record, what are the tools that the system they give them that they can modify to their needs. What do you think on that?

[00:09:46] **AM:** Well, I think I'm going to take the second part of that, the, the training aspect of it. I think that's a very, very good point because, yeah, they may not. They may have training,and all of these guys are getting the proper use they're getting training; however, they may be learning the wrong things, number one.They may not know what they don't know, so that's another thing. What are they, you have to have someone who's, I think you need informaticists assists that are essentially understand all the different tools and then you can, you can, you can innovate individualize the training sessions so that you can optimize their, their workflow. And of course you want to remove the non-value-added segments. Those type of things. But you know when you're looking at the training, I've noticed some good and bad training. I've been to all these different institutions and you'll see, you'll see some good trainers, you'll see some you know mediocre training, and some pretty bad ones, too. So you're going to see all of that. So how do you standardize the training? How do you ensure the integrity? I think it's all in the hiring process. You know, you have to make sure that we're not, we're not just filling. We're not just filling in a trainer just to have a trainer in there because that's another thing that's, that'll lead to a lot of frustration for providers, lack of adoption of the system. And, as in an,y any of these type of things, it's 80-20, I'm sorry; it's the, it's the 20-60-20 rule. You'll have 20 people, 20 percent that actually know the system, that are tech savvy; 60 percent are gonna be kind of on the fence; and then your 20 percent that are not gonna be as tech savvy and you want to make sure that those guys are up to speed.

[00:11:27] **AM:** They get the tender-loving care and they understand how to use it to the best of their ability. So I've seen it all in these last 10 years, roughly. So.

[00:11:39] **RS:** Yeah, I mean regarding training, that's an interesting things are brought up because I'm not sure if a lot, if people know about some of the features of the new EMR, but the EMR now allows the leaders of that team, the physician, informatician to actually track physician EMR use and efficiency so they compare the data from those efficiency report with targeted physician education to make sure that they can improve their education and reduce burnout and, and continue to have the quality improvement and meaningful use of that EMR.

[00:12:17] **AM:** Right, right. Pep data so that they, they do, they have been using that kind of data. So they are, they are tracking, you know, providers. And, you know, evaluating, evaluating

their efficiency using the EHR. Another thing that I wanted to add, you know, because you brought up pep data, a lot of institutions are actually, they're, they're looking into alert fatigue as well. So best practice advisory, so that these little pop-ups that come up to give you clinical decision support and, you know, that's, that's another thing that's burning physicians, like they have to click, they have to click on these things, so which ones are actually utilized and useful versus what's not. And I'm not going to name the institution, but there was an institution that I, that I, worked at. They did, they did, a study on this, and out of 100 percent of, their out of you know, all of their BPAs, only 1 percent was actually being used. The other 99 percent were being overrided. So that's kind of an interesting little study there as well. And that kind of contributes to burnout as well because you just have to keep clicking on this thing and you get, it causes a lot of fatigue for providers as well.

[00:13:32] **RS:** Yeah, I'm glad you mentioned about the unnecessary EMR alert. The other things I can think of is, are there any tasks that other member of the care team should be doing so a physician can work on things that is part of the physician's medical care? Rather than entering all those data, you know, to their EMR system?

[00:13:59] **AM:** So there's multiple things, I think there's multiple areas where....First of all, I, and first and foremost, in every institution I've seen, there's no standardization in terms of the staff. I think the staff can help them out. So the hiring process should have some sort of, you know, guidelines unto job description and what they can do or what they need to do for the provider. So there has to be something there. So you can't pick and choose. No, I don't normally do this for my provider or this is what I do. Everything should be standardized. Where they, this is what we're going to provide you so you, you don't have to do it. It's data entry. You're going to be taking care of your patients. You're not going to be doing this. That's one aspect. I think that, you know, pre-charting is extremely important. So pre-charting, teeing up orders, teeing up templates, maybe even completing the review of systems. Very, very important for, because review of systems; essentially it's just, it's just a questionnaire for the patient. A lot of times it's not even utilized. It's not even looked at. So I think that could be taken care of and it's, it's, many times, it's just pretty much for billing.

[00:15:10] **AM:** I think those are two very, very important elements. Again, and the provider needs to understand all the tools available to them, build robust templates, build out, their, you know, their preferences, and, you know, the versions of different order sets or whatever it may be templates for that. That's, that's very important. And, you know, but I do think that even, even a simple phone call like before a patient's coming in for a scheduled visit to start scrubbing the chart would be kind of beneficial. So designating a person to do this, you know, for that week just to go and scrub the chart would be great. And everyone has a turn to do that. You call the patient, see if they're coming in first of all, and then scrub the chart. I think that would be pretty beneficial because that would, that would kind of narrow down the rooming time and save time for everyone.

[00:16:07] **RS:** Yeah. One of the other things I want to add to what you said is using the tools that their current EMR provides for it on a lot of time they don't know it exists, such as voice recognition or some practices in institution use a scribe to kind of expedite their, you know, their progress notes or any, any type of notes that they use for on a daily basis.

[00:16:40] **AM:** You know, there's also, getting a little bit more granular into technology; you know some institutions are already, you know, they're, they're using questions, like patient questionnaires. So they'll have a portal and they can fill out a lot of information on that. That can also be a very useful tool if they can fill out things. You obviously, you're not going to have many of the older patients that are going to sign up for these type of things, but you never know; if they do sign up, they can fill out a lot of that information. So that also eliminates something, too, eliminates a non-value,
a portion of the workflow which so seamlessly can enter into the patient record.

[00:17:19] **AM:** I think that, that would be great, if it could even flow right into the note, that's great. I mean there's, there's institutions that are doing that. You know, you're having these questionnaires, a kiosk essentially, in these ambulatory clinics that you just have an iPad and they just go boom boom boom boom. Demographic information; review the systems; and what other information that, you may have some population health visits; annual wellness visits; they have the HRA, the health risk assessment, which you can actually input that data. There's, there's just a lot of things that you can actually do with something like that. So technology is going to make things more efficient, but we just, it's right now it's in its infancy, and we're just kind of working on things and trying to make sure that our providers survive this big healthcare tech boom.

[00:18:08] **RS:** Do you think one of the first is step that perhaps those who, who are challenging with the physician burnout would be to kind of take a step back and look at their current workflow and kind of get an idea of how much their current workflow is actually optimized to their electronic medical record?

[00:18:33] **AM:** Yes, absolutely, I think that it's always, it's always good for someone to come in and kind of evaluate that situation and see what your current state is and what your future state could be because it's not only the time, it's the quality of life and then it's also money saved or money gained. It's kind of both. So, you know, it's, I think that's definitely something that is very useful. And again, I mean a lot of practices, you just don't know what you don't know. Getting the right people to help optimize those kind of things, it certainly does help. And I mean, it's always, I think 99 percent of the time, when, and when myself or other physician consultants that have the experience that have gone into these type of situations, it certainly has helped that we've never gotten to something, like you guys were, it's always helped out by the clinic or facility tremendously.

[00:19:38] Want to learn more about these topics? Make plans to attend SMA's Southern Regional Assembly June 27-29 in Birmingham Alabama. Visit SMA.org/assembly for more information and to register.