Study examines time 1st year medical residents spend on patient records

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How much time do your peers really spend dealing with electronic health records (EHR)? One internal medicine program explored that question and tracked the average “mouse miles”–or active time—residents spent using EHRs, and the results were very telling. Find out how many hours residents spent on EHRs in just four months, and see how you compare.

Exploring EHR usage among first-year residents

A team of researchers tracked the active EHR usage of 41 first-year residents at a university-affiliated community teaching hospital for the months of May, July and October 2014, and January 2015. During this time, “active EHR usage time was tallied for each patient chart viewed each day and was termed an electronic patient record encounter,” researchers recently wrote in a study published in the *Journal of Graduate Medical Education*. “The EHR usage activities within the electronic patient record encounter included chart reviews, orders, chart documentation and other activities.”

They also tracked the time first-year residents spent using resources within the EHR system, such as “as communicating with providers via text-paging and crosschecking regulatory, medical or peer-reviewed resources,” according to the study.

The results: Time residents spent on EHR and key behaviors

Using a built-in time tracking program within the hospital’s EHR, authors of the study found that:

- **Each resident spent an average of 112 hours per month on 206 electronic patient record encounters.** “The internal medicine interns spent 18,322 hours to review 33,733” electronic patient record encounters in just four months, the authors wrote.
- **The time residents spent on EHR usage is an objective finding consistent with previous literature that has been more subjective.** “Our study objectively measured interns’ EHR use and found that interns spent at least five hours a day on the EHR caring for a maximum of 10 patients, confirming prior subjective reports,” according to the study. Authors of the study noted that the majority of studies on EHR usage are often self-reported, whereas their findings are based on a tracking system within the EHR system, which provided automated tracking logs of interns’ EHR times and minimized the “error of human reporting” in the study’s data.
- **As residents became more familiar with EHRs, their time spent using them significantly improved**. From July to January, total hours of active EHR use per resident decreased by 18 percent—shaving off roughly 23 hours of EHR time, despite residents having more patient encounters in January. Residents spent five hours a day on EHRs in January, as opposed to the seven hours a day they spent on EHRS in July. “This improvement was most likely gained from increased familiarity with using the EHR, comfort with managing different clinical scenarios and learning from colleagues,” authors of the

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study noted.

- **Times spent on EHR activities—particularly chart reviews—also improved as residents learned how to navigate the EHR system**. A significant reduction in time was noted across EHR activities from July to January, during which time residents reduced the time they spent on chart reviews and patient orders by two minutes. Documentation time decreased by three minutes, and time spent on other EHR activities went down by two minutes.
- **Residents may learn how to successfully navigate their EHR system in seven months or less.** "In January, interns spent shorter or comparable time to interns from a different cohort during the previous May," the study authors wrote. In fact, in January, residents in the study only spent 30 minutes using EHRs—just one minute more than the time interns from the previous year had spent on their EHRs in May. "This suggests that interns reached the maximal proficiency level on clinical documentation prior to or around January," the study authors wrote. "This is a novel observation to the best of our knowledge, which begs the question: Did the intern class reach their optimal time spent per electronic patient record encounter in seven months or less?"

Why residents need more time with patients, less time in EHRs

While the time residents needed to become completely proficient in EHR use remains debatable, authors of the study noted one conclusion that few would dispute: Programs need to find novel solutions that will reduce the time residents spend on documentation in EHRs.

Authors of the study noted that the findings correlate with national studies showing that residents are dissatisfied with the time they spend on EHRs. In a nationwide survey "residents' perceptions of the time devoted to documentation were generally negative; residents felt that clinical documentation took time away from education, patient care and more importantly, motivation to provide high-quality care," the study authors wrote. "This has been linked to reduced resident satisfaction and increased burnout."

How the AMA is addressing physicians' concerns with EHRs

These types of issues are why the AMA has made addressing problems within the EHR a top priority. In the fall, the AMA and MedStar Health released an EHR User-Centered Design Evaluation Framework that compared the design and testing processes for 20 of the most common EHR products. Out of the 20 products examined, only three met the basic capabilities. The framework shines light on the low bar of the certification process and calls for improvements.

Physicians also continue to guide the Substitutable Medical Applications and Reusable Technology (SMART) Platforms project, an initiative to guide the development of EHRs and promote physician

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involvement. This project seeks to reimagine health IT as a smartphone-like platform that can run plug-and-play apps.

This method could accelerate innovation to accommodate differences in work flow, drive down health tech costs and create a more competitive marketplace, which is the ultimate goal of every effort—to remove burdens and give physicians the tools to provide the highest-quality patient care.

Additionally, two STEPS Forward™ modules are available from the AMA's Professional Satisfaction and Practice Sustainability initiative to help physicians select and purchase EHR products and implement those EHR products in their practice.

Problems with EHRs are so prevalent that a 2013 study by the AMA and the RAND Corporation found that EHRs are one of the top sources of physician dissatisfaction.

The meaningful use program continues to be a drag on physicians and also directly affects the design of EHRs. Federal program requirements tap down innovation in health IT and limit the ability of EHR vendors to create products that meet the needs of the end user. With Stage 3, the issues plaguing physicians and EHR vendors will only get worse. In the AMA's December 2015 letter (log in) to the Centers of Medicare & Medicaid Services and the Office of the National Coordinator, the AMA outlined a forward-looking approach to fix the meaningful use program and Stage 3.

To elevate and extend the voice of physicians around the country, the AMA launched BreakTheRedTape.org, a grassroots campaign that spearheads efforts to change the burdensome federal program. Both physicians and patients have shared their stories online and in person at our town halls. These real-world experiences have helped deliver a clear message to the federal government that meaningful use must change to reflect the needs of physicians, nurses, patients and others involved in their care.

Early last year, the Medicare Access and CHIP Reauthorization Act of 2015 repealed the sustainable growth rate formula and called for the new Merit-Based Incentive Payment System (MIPS), which is intended to sunset the three existing reporting programs and streamline them into a single program.

The AMA and 100 state and specialty medical associations recently submitted 10 principles to guide the foundation of the MIPS, and the AMA provided detailed comments (log in) as part of its ongoing efforts on this issue and submitted a detailed framework for what needs to change.

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