AMA

5 steps toward EHRs that are easier for physicians to use

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At the intersection of the AMA's mission to reduce physician burnout and its efforts to make technology an asset rather than a burden lies the challenge of improving electronic health record (EHR) usability.

"The EHR usability problem continues to be one of the most pressing issues and one of the most vocal issues I hear from physicians," said Michael A. Tutty, PhD, the Association's group vice president of professional satisfaction and practice sustainability.

While many are quick to place all the blame on EHR vendors and poor software design, Tutty and his AMA researcher colleagues recently identified ways that government regulations and payer requirements contribute to poor EHR user experiences for physicians. They also found that, often, the governance policies of the physicians' own health care organizations can contribute to the problem.

Their research was published as a perspective essay in the Journal of the American Medical Informatics Association. It was co-written by Lindsey E. Carlasare, Stacy Lloyd, MPH, and AMA Vice President of Professional Satisfaction Christine A. Sinsky, MD.

"While much of physician frustration is directed at the EHR system, the user experience with an EHR is multidimensional with a variety of influences, some visible to and controllable by the end user, and others outside the end user's control," Tutty and his colleagues wrote. "Decisions made by vendors, health care organizations, payers, lawmakers, and regulatory bodies impact the EHR user experience."

To advance digital health, the AMA believes physician input is necessary to validate and obtain real-world evidence for health care technology solutions and that a smooth, efficient integration of the technology into daily operations is required.

The authors noted that reducing the administrative burdens that impair the EHR user experience "cannot be accomplished by a single-stakeholder approach." Here are the five steps that should be

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taken.

Payers and regulators must remember the physician's first job is patient care. This recognition translates to requiring less burdensome documentation for payment and quality reporting.

"Reducing the amount of time physicians spend with finger to keyboard would help," Tutty said in an interview. "Working on decreasing prior authorizations or decreasing the quality-reporting burden has a downstream impact on a better EHR experience."

Put EHR log data to good use. Practice administrators should use information such as click, motion, and time-in-screen data to measure and improve task time and activity patterns.

Tutty noted that Dr. Sinsky and colleagues used this type of information to analyze the EHR interactions of 142 family physicians in Wisconsin for three years. The 118 million data points they collected painted a picture of how doctors working 11.4 hours a day spent 5.9 hours tethered to their computers. This included 86 minutes at home after work—sometimes referred to as "pajama time."

Health care organization administrators should use EHR-tracking data and physician feedback in developing workflow design. Carlasare, an AMA research manager, said tracking data can be used to identify workarounds, which are nonstandard procedures typically used to avoid impediments to completing the task at hand.

"Vendors design their system to be compliant with certification standards not realizing that it creates a burden or a task that is not part of a physician's natural workflow in an exam," she said. "There's a disconnect between what the vendors design and how the physicians actually use the EHR."

Organization leaders should engage physicians in EHR implementation and create a workflow design that accommodates their personal EHR interaction needs and supports team-based care, care coordination and new models of charting, Carlasare added.

Tutty said these leaders also have to be aware of the cumulative effect of all the add-on tasks they impose on physicians through the EHR.

"They may say it only takes three minutes of a doctor's time, but what are you doing to give those three minutes back?" he asked. "All the payment, quality reporting and prior authorization data collection—it's death by a thousand small cuts."

Test before and after EHR implementation. Implementation teams should use rigorous, real-world scenarios focused on improving safety and reducing clinician burden to test their system's usability.

Vendors should increase transparency around product costs and performance. They must also support advances in voice recognition, artificial intelligence and other technologies with a focus on

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user-centered design that could catalyze improvements in EHR usability and interoperability.

There are also multiple opportunities for regulators, policymakers, payers and health system leaders to make collective changes that improve the use and efficacy of EHRs.

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