Imagine this: Time-consuming EHR clicks are reduced to create more time for physicians to interact with patients and help reduce burnout. That is what Intermountain Healthcare is doing—reducing the unnecessary daily burdens such as the number of clicks in the EHR to help reduce and prevent physician burnout.

Committed to making physician burnout a thing of the past, the AMA has studied, and is currently addressing issues causing and fueling physician burnout—including time constraints, technology and regulations—to better understand and reduce the challenges physicians face. By focusing on factors causing burnout at the system-level, the AMA assesses an organization’s well-being and offers guidance and targeted solutions to support physician well-being and satisfaction.

“I knew our primary care providers were ready for a change,” said Jill Faatz, MD, a family physician and medical director at Intermountain Healthcare in Heber City, Utah. “Physicians who were once highly productive were reporting that they spend more time with the computer than with the patient.”

With low engagement scores from imbalanced workloads and increased demands, Intermountain saw lost revenue, lower patient access, poor patient experience and physician burnout, said Dr. Faatz.

A group of family physicians and internists at Intermountain Healthcare designed a new “working smarter” staffing model—based on the team-based care work of Bellin Health in Green Bay, Wisconsin, and the University of Colorado—to create in-room support for physicians and shift clerical work to staff members. The model means a ratio of five staffers for each two physicians and expanding the role of medical assistants (MAs).

After six months, the shift in clerical work from physicians to appropriate team members improved productivity, with a 20% increase in patients seen per day and a 29% rise in relative value units (RVUs) generated. Total time for physicians in the EHR decreased by 18%, with a 47% drop in order time and a 20% decrease in documentation time.
Burnout was reduced and continued to improve each month following implementation. On a scale of one to five, with five being “I rarely experience burnout from my work,” physician burnout improved by 50%, from a two to a four.

“One of the best things for me about being involved in the pilot was to be able to peel away from the computer and look my patients in the eye,” said Jason Howell, MD, a family physician at Intermountain. “The communication with my patients is much better and feels so much more natural.”

“I felt my work-life balance was much better and my work felt more meaningful, even as my patient panel size grew quickly,” said Dr. Howell.

Expansion of medical assistant role

The new roles for MAs included in-room documentation, care management population health duties and in-room scheduling, along with traditional MA work.

“Shifting gears and letting go of some of the charting and ordering was a challenge after having done it for my entire career,” said Peter Leavitt, MD, a family physician at Intermountain. “Allowing clinical team members to work at the top of their license so that I can use my time on patient care and population health for my panel was a skill I needed to learn—but it works.”

The AMA’s STEPS Forward™ open-access modules offer innovative strategies that allow physicians and their staff to thrive in the new health care environment. These courses can help you prevent physician burnout, create the organizational foundation for joy in medicine and improve practice efficiency. One CME module specifically addresses how to improve efficiency, workflow and patient care with team documentation.

STEPS Forward is part of the AMA Ed Hub, an online platform with top-quality CME and education that supports the professional development needs of physicians and other health professionals. With topics relevant to you, it also offers an easy, streamlined way to find, take, track and report educational activities.