While physicians recognize the value of the electronic health record for patient care, they also experience negative associations with patient interactions and work-life integration. But when there is better perceived EHR usability, it is associated with higher levels of positive outcomes and lower levels of negative outcomes, according to a research letter.

Published in *JAMA Open*, “Association of Perceived Electronic Health Record Usability With Patient Interactions and Work-Life Integration Among US Physicians,” assesses the associations of perceived EHR usability with patient interaction and work-life integration.

The cross-sectional survey sampled 870 U.S. physicians from all specialties between Oct. 2017 and March 2018 with 25% of respondents randomly receiving an EHR subsurvey, which found that about half of respondents indicated that having a computer in the exam room allowed physicians to share test results with patients often. However, 43.9% also indicated that having a computer in the exam room was distracting. Adding to this tug-of-war, 50.1% felt that EHR access at home allowed for better care, but almost half felt it had an adverse effect on work-life integration.

“We found if the EHR was perceived to be more usable, physicians rated their interactions with patients as better,” said Christine Sinsky, MD, vice president of professional satisfaction at the AMA and co-author of the research letter. “The responses reflect the reality for physicians that they don’t approach the EHR as all good or all bad but recognize that it comes with benefits and also has risks.”

“When EHRs are implemented, the culture is often such that physicians feel if they articulate hazards associated with the EHR they are at risk of being pigeonholed as resistors, technology laggards or not supportive of the direction that the organization was going,” said Dr. Sinsky. “Over the years that caused a lot of moral stress for physicians and there was a feeling that their leaders didn’t always have their backs with respect to the tools needed to safely care for patients.”

With an ongoing need for increased EHR usability. Dr. Sinsky shares some ways to improve EHR usability to enhance physician and patient lives.
Be clear about workflow and task distribution

Better usability can be achieved by being clear about workflow and task distribution among physicians and other team members. This can be achieved through the implementation of team-based care.

“The main way to solve this is to be very clear eyed about workflow and task distribution,” said Dr. Sinsky, adding that it is important “not to assume that just because a physician can do a task that they should.”

“We need to make sure that every task that’s been added, adds enough value to patient care to be worth the extra work,” she said. “Then we need to be sure that the tasks that are added for physicians are tasks that can only be done by those who have a medical degree.”

“If there are tasks that can be done by someone else, then we should share that work with upskilled team members,” said Dr. Sinsky. “We face that same lesson now with telehealth because physicians are starting to report, ‘Hey, I like telehealth, but it’s pushing all this clerical work back to me.’

With the COVID-19 pandemic, it is important to take the lessons learned from the implementation of EHRs to ensure long-term adoption for telehealth. The AMA continues to work across the health care industry to reduce administrative burdens and ensure the physician’s voice is heard.

“We’re having a repeat of the same experience with telehealth that we had with the EHRs,” she said. “We should learn the lessons of the EHR as we move forward with telehealth.”

Learn more from the AMA about how to establish telehealth and deliver patient care remotely while practicing physical distancing during the COVID-19 pandemic.

Reassess requirements and expectations

The research letter also suggests that usability can be improved if prioritized by those who design, implement, and regulate EHRs. Prioritizing usability is expected to improve patient care and physician well-being.

“There are two big categories of solutions. One is team-based care and the other is to reassess every requirement and expectation, and determine whether the costs are worth the benefits,” said Dr. Sinsky. “Nothing is free and if there’s a new federal regulation or a new institutional policy that suggests it would be nice if every doctor did this when they signed in, you need to know if that adds enough value to be worth the extra time.”
“Just because they can implement something through the EHR doesn’t mean they should implement that and add extra burden to the doctor,” she said.

Set clearer boundaries

It is also vital that organizations set clearer boundaries to protect against the invasive nature of EHRs in creating work outside of the workday.

“We need to be careful about what we expect of physicians,” said Dr. Sinsky. “If we know that for every one-hour of direct face time there’s an additional two hours of EHR and desk work, then what does that mean for patient contact hours? Do we assign 40 hours of patient contact hours per week and then expect the physician to do all that other work on their personal time?”

“That is not a good idea,” she said, adding that “one of the boundaries would be to have truth in time of accounting about the time costs for physicians to do the work. If seeing patients for 30 hours a week results in an 80-hour work week, we have violated reasonable boundaries for that physician.”

Better usability and clearer boundaries can help support therapeutic relationships between doctors and patients as well as the well-being of the physician workforce.

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.