

7 things about EHRs that stress out doctors

OCT 21, 2020

Marc Zarefsky

Contributing News Writer

The COVID-19 pandemic has added new layers of stress and anxiety to American physicians' already challenged working lives. Yet amid the new problems of securing sufficient personal protective equipment, persuading the public to wear masks, and surviving the financial impact of the pandemic, there's an old standby that is there every step of the way in physician's nights and days: the EHR.

EHRs brought many benefits to doctors' offices and hospitals, but they also shifted a number of clerical responsibilities to physicians, from billing and coding to prescribing medicine electronically.

A study published prior to the pandemic, "Association of Electronic Health Record Design and Use Factors With Clinician Stress and Burnout," identified an association between key elements of the EHR design and physicians' well-being.

These factors are:

- Information overload.
- Slow system response times.
- Excessive data entry.
- Inability to navigate the system quickly.
- Note bloat.
- Fear of missing something.
- Notes geared toward billing, not patient care.

"Physician burnout as a whole is a multifaceted problem, but people are retiring early or going part-time because they're spending so much time on the computer, they don't feel they get enough time to take care of their patients," said Philip J. Kroth, MD, MS, lead author of the study. He chairs the biomedical informatics department at Western Michigan University Homer Stryker M.D. School of Medicine.

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.

Data entry and information overload

Physicians spend up to two hours in the EHR for every hour they spend face-to-face with the patient. Scribes or medical assistants can be used to enter some of this data during work hours, but that by itself is not enough.

“More and more of what we enter into the record is for things other than direct patient care, like quality control and to support billing,” Dr. Kroth said. “We should be able to redesign the workflow process so more people can help enter data into the EHR to reduce this burden on physicians, or at least make the data-entry requirements more judicious.”

Dr. Kroth contrasted working with the EHR with the flight deck of an airplane. The front of a plane features hundreds of indicator lights to help pilots understand the state of their plane and know when an issue arises. By default, all the lights are off when everything is OK. Only when there is a problem does a light come on. The aviation industry refers to this as “quiet dark.”

An EHR, on the other hand, has a default state of “loud bright,” Dr. Kroth said. Physicians see virtually everything in a patient’s file every time they log in, regardless of where the patient is, how sick they are, and what kind of data the physician needs to see.

EHRs are not designed to filter all the available data and help the physician focus on what’s important. Instead of being able to easily find what they’re looking for, physicians are forced to navigate through a maze of tabs, subtabs, and pages of data as they attempt to find pertinent information.

“By and large, the EHR presents all data in the same way to every physician,” said Dr. Kroth, who added that the EHR problems he’s seen are vendor agnostic. “If you have a complicated patient, you usually have to search through pages of unimportant data to find what you need. Our technology should help us do that.”

Learn with the AMA how to create better EHR usability to enhance physicians’ lives.

Getting physicians to help make a change

Dr. Kroth is confident change can be made to the EHR to make it more user-friendly and not as much of a headache for doctors, but for that to happen, he said medical professionals need to get more involved in the process.

“There needs to be a mechanism set up so we can get more physicians to participate during the design process,” Dr. Kroth said. “The EHR really impacts the quality of care. It’s up to us to participate to make it right.”

Find out how to cut burnout by following these three steps to optimize the EHR.

As part of the “Everybody Has Responsibilities” campaign, the AMA and MedStar have created a website that includes videos of health professionals experiencing the risks and challenges faced when EHRs can’t be used efficiently. Additionally, physicians can participate in the AMA’s EHR Connect platform, which joins key stakeholders to collaborate around EHR development, usability, optimization and interoperability for improved end-user experiences.