

3 ways EHRs get it wrong—and hinder physician well-being

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Despite their advantages over paper records, EHRs can add to physicians' clerical burdens and worsen their burnout symptoms. To cut through the clutter, one physician expert identifies some of the productivity pain points that often contribute to administrative burdens and physician burnout.

“One of the best kept secrets in health care is that EHRs did not get rid of paper,” said Subha Airan-Javia, MD, a hospitalist and associate professor of medicine at Penn Medicine. “And one of the reasons is that EHRs are built off of back-office systems for billing and coding, so they do a good job at the business of health care, but not for the delivery of health care.”

“We've tacked on all of these other things like, coding, problem lists, documentation, discharge summary, handoff and rounding lists,” said Dr. Airan-Javia, founder and CEO of CareAlign, a task-management platform that aims to reduce the documentation burden on physicians and other health professionals. “Unfortunately, they haven't been approached in a cohesive way with design and workflow at its center.”

The AMA is working to improve EHRs and reduce the administrative burden placed on physicians. Through AMA STEPS Forward™, an open-access platform that offers innovative strategies that allow physicians and their staff to thrive in the new health care environment, physicians can access resources with proven optimization strategies to maximize the benefits and minimize the burdens of the EHR.

Physicians and other health professionals can access a collection of AMA STEPS Forward toolkits on EHRs and technology. This collection offers offer strategies on how to maximize EHR use and telemedicine. It also provides guidance on how to reduce technology-associated administrative burden.

Through EHRSeeWhatWeMean.org, a collaboration between the AMA and MedStar Health, organizations can learn more about the risks and challenges caused by poor usability in electronic health record technology that reduce time available for physicians to care for patients.

In a recent discussion, Dr. Airan-Javia shared some ways EHRs contribute to administrative burdens and physician burnout.

They don't keep the user in mind

"We have to design technology with the user in mind, and that means the clinician, the doctor, the nurse, the therapist, the pharmacist, the people who are actually on the front-line taking care of patients," said Dr. Airan-Javia. "There simply isn't enough emphasis on usability and workflow.

"That's actually why I went into informatics instead of cardiology. As a resident, we built a platform to replace our paper lists—at the time it was a word document. Everyone started using it across five different services," she added, noting that "if you design for the clinicians' workflow, they will use it. That is a really important part of technology development."

Visit the AMA digital health page to learn more about how the AMA is committed to ensuring the physician perspective is represented in the design, implementation and evaluation of new health care technologies.

Discover five simple changes to help cut doctors' EHR burdens.

They don't design for what's possible

"You have to design, not just for what people are doing now, but you have to design for what's possible," said Dr. Airan-Javia, adding that sometimes when people "design technology, they try to recreate what we are doing on paper and I don't think that's the right thing—we have to design for the new possibilities that technology offers, and couldn't have imagined doing with paper."

For example, when the chief medical information officer at Penn Medicine asked her to lead the team to build a digital handoff without paper and on a phone, Dr. Airan-Javia didn't think it was possible. But it worked.

"It's taken off throughout our entire health system and others," she said, emphasizing that "we have to design for workflow, but design for what we think is impossible and find a way to make it possible by

throwing out our assumptions.”

Read about how even small drop in task load can cut the odds of physician burnout.

They make documentation harder to follow

“We need to completely redesign how we document and that's probably the biggest change,” said Dr. Airan-Javia. “A lot of our challenge and frustration is the duplicative process of writing the same thing multiple times in multiple different places. This makes it hard to do well, and even harder to understand what happened.”

“There’s a mismatch between how we practice, how our tools are built, and how we document—and unfortunately, we have don’t have enough control over choosing which tools we use as the physician,” she said. “There aren’t tools that are made for what we need to do as not just one team, but multiple teams, to take care of our patients. Not having any choice in what we’re supposed to use to get our work done is incredibly frustrating.”

Discover three ways to begin to reduce clinical documentation by 75% by 2025.

Additionally, health system leaders can follow this STEPS Forward de-implementation checklist to reduce unintended burdens.