

Could EHR data help your practice reduce physician turnover?

NOV 23, 2021

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Recently published research offers some new wrinkles in understanding how EHRs could help spot burned out physicians who could benefit from early team-based targeted interventions before they decide to leave a practice. That kind of doctor turnover takes a heavy toll on patients, physicians and health care organizations.

The retrospective cohort study published in *JAMA Network Open* evaluated the association of physician productivity and EHR use patterns with physician turnover. Researchers found that physician demand, inbox time and teamwork on orders were key variables associated with physicians departing a practice.

Lower rates of teamwork on order entry were associated with physician departure, indicating that teamwork may help prevent physician turnover. That is consistent with evidence that team-based care can reduce professional burnout and optimize team performance, the study noted. Physicians who had lower demand for their services had a higher rate of departure, which may indicate that physicians were getting ready to leave a practice.

While previous studies have associated burnout with excessive EHR use, the *JAMA Network Open* study indicates that when physicians spent less time on the EHR—particularly inbox management—there was a higher chance of physician departure.

“We thought that by looking at time on the EHR and time on the inbox and work outside of one’s schedule work hours that we would find some predictors that a practice could use. But what we found was unexpected. It is a good start to understanding this science further,” said Christine A. Sinsky, MD, the AMA’s vice president of professional satisfaction and one of the study’s authors.

Dr. Sinsky and her co-authors called for further investigation as to why the lower EHR use was associated with departures. For example, more could be understood by going back and conducting

qualitative interviews of people who left a practice, Dr. Sinsky said.

That could provide a better understanding as to what may have been going on. It's possible those physicians had already decided to leave and were slowing down the number of patients they were seeing and naturally spending less time on the EHR, or perhaps they were more disengaged.

“As we gain more experience and data, we will be able to say: If you have a physician who has spent this much time on their inbox, there is a certain percent greater risk of turnover,” said Dr. Sinsky.

Doctor turnover a \$1 million question

It can cost a practice as much as \$1 million to replace a physician when accounting for recruitment, lost revenue, onboarding and time to return to optimal efficiency, the study notes. That adds up to about \$4.6 billion annually at the national level. Beyond finances, departures disrupt patients' continuity of care and strain physicians and their families, as well health care organizations.

Researchers analyzed more than 300 nonteaching physicians' EHR use over a two-year period at a large ambulatory practice network based in New England. They considered four time-based core measures of EHR use, normalized to eight hours of scheduled clinical time; teamwork, percentage of a physician's orders that are placed by other members of the care team; and productivity measures of patient volume, intensity and demand.

The turnover rate was 5.1% a year among the 314 physicians whose EHR use was evaluated. It is believed to be the first to use of vendor-derived EHR data to model physician turnover.

Next steps

Standardizing vendor-derived data definitions—across and within vendor products—with better clinical schedule integration could improve the validity and reliability of the data, the study's authors wrote. That, in turn, would help future models to prospectively identify physicians at high risk of departure so that practices could intervene to retain physicians at-risk of leaving.

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.