EHR usage is a key facet of how physicians function on a daily basis. Understanding the role physicians are expected to play and the support they are given is a key, then, in selecting your fit in a practice.

This is particularly true for younger physicians moving from training to practice, as they are likely to see an increase in EHR-associated responsibilities.

An AMA?STEPS Forward® toolkit, “What to Look for in Your First or Next Practice: Evaluate the Practice Environment to Match Your Priorities,” offers young physicians a breakdown available practice settings and how they differ.

One arena of the decision that is covered in depth by the toolkit is EHR and technology usage. Here is some insight on what key questions to ask as you glean the role the EHR could play in a potential position.

**What is the level of EHR training given during orientation?**

You are going to get some pointers when you start the job, but, according to Joanne Loethen, MD, follow-up support is also very necessary and helpful.

“It’s not just the standard training that you will get on the very basics of how to navigate the chart, how to write a note, how to look up results,” said Dr. Loethen, an internal medicine and pediatrics specialist at University Health in Kansas City. “Really what’s important is the practical training, that is, connecting with physicians who are already using the chart and who are using it efficiently and effectively. It’s connecting with them to see what the EHR looks like in actual practice.”
Learn how ownership models play a role in picking a practice.

**Is a patient portal available?**

A patient portal can be a useful tool to physician-patient communication. While many larger practices now have them, it’s not a given.

Dr. Loethen, an AMA member, has found the tool to be particularly useful.

“The patient portal allows me to be better connected with patients,” she said. “When you get into bigger organizations and even in some smaller practices, there are a lot of people involved in a given patient’s care and sometimes that can result in phone-call trees or phone-call prompts and messages that don’t get returned for a day or so depending on the patient mode. The patient portal gives you that direct access to your patients and helps patients feel more connected to their health care team. “That said, when my patients are signed up for the portal, we also talk about expectations for portal messages—what types of messages they might send as well as when they can expect a response from me or my team.”

As you continue the journey to being a young physician, the AMA Transitioning to Practice series offers guidance and resources on deciding where to practice, negotiating an employment contract, managing work-life balance, and other essential tips about starting in practice.

**How are inboxes managed?**

Inboxes can be a herculean task for some physicians. Having a nurse or other health professional help with refills, referrals and triage of patient messages can alleviate that work.

As a physician only a few years into practice, Dr. Loethen hasn’t found this particular aspect of managing the workload to be too cumbersome.

“Just starting out, my patient panel isn’t as large as some of my colleagues,” she said. “So for me right now it makes more sense for patient messages to go to me and everything flows into my inbox—right now, that's manageable. But I also understand that as my patient panel grows, we might need to readdress that. If I feel a patient would be better served by a phone call or clinic visit, I will engage my staff to help arrange what is needed.”

Find out how the AMA Young Physicians Section gives voice to—and advocates for—issues that affect doctors under 40 or within the first eight years of professional practice after their training as
What about pajama time?

The time physicians spend away from the clinic finishing notes can be a leading cause of burnout. Some health care organizations are able to track the amount of time physicians spend doing work outside of the work setting. It’s worth asking about that when you interview, said Dr. Loethen, who serves as an alternate delegate for the Missouri State Medical Association in the AMA House of Delegates.

“We’re seeing more and more physicians spending significant time outside the clinical encounter documenting and doing other tasks in the EHR,” she said. “And I think it behooves organizations to really take a serious look at that issue and see how we can improve this to optimize physician well-being.

“Now EHRs are able to track how much time you're in certain components of the EHR ... so you can understand where you’re spending the most time in the chart for a given encounter. Some can even now track pajama time, which is something to ask about.”

Learn about three strategies that cut down on physician pajama time.