How Boston Medical Center uses EHR data to understand burnout

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When the Boston Medical Center (BMC) started surveying its physicians and health professionals for burnout, the results showed the problem was prevalent. But to dive deeper into understanding the cause of burnout, Boston Medical Center’s leaders turned to data from the EHR.

“When you do qualitative surveys to try and understand what people are frustrated about, the EHR is within the top five reasons in many of those surveys,” Rebecca Grochow Mishuris, MD, MS, MPH, said during an AMA Insight Network virtual meeting about addressing organizational well-being through collaborative leadership.

“But if you get into more of the quantitative data, you realize that the EHR is actually an embodiment of a lot of other things,” said Dr. Mishuris, an internist and chief medical information officer at Boston Medical Center Health System.

Reducing physician burnout is a core element of the AMA Recovery Plan for America’s Physicians. You took care of the nation. It’s time for the nation to take care of you. It’s time to rebuild. And the AMA is ready.

Far too many U.S. physicians experience burnout. That’s why the AMA develops resources that prioritize well-being and highlight workflow changes so physicians can focus on what matters—patient care.

The AMA Insight Network brings together health system leaders responsible for organizational well-being and AMA Health System Partner Program members to gain early access to innovative ideas, get feedback from their peers, network, and learn about AMA pilot opportunities. Learn more.

Here is what BMC uncovered about burnout from EHR data and how it helped guide their organizational well-being efforts.


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The EHR needs to support workflows

“People will blame the EHR, but if we try and get into what is it about the EHR, we’re not actually seeing that it’s time spent that is impacting burnout,” said AMA member Susannah Rowe, MD, MPH, an ophthalmologist and associate chief medical officer for wellness and professional vitality at BMC. Instead, spending more time in the EHR “means that your practice is probably less efficient.”

“Overall, you get burned out, you spend more time in the EHR because you’re burned out and you’re slower at doing certain things,” she said. “We really have to try to get to the causation of these things to understand where we can have an impact and where interventions will be helpful.”

Identify the problem areas

“If you look at the different departments, what’s driving each of those hot spots is actually quite different,” Dr. Rowe said. This means “it’s not a one-size-fits-all solution. And what we’re seeing with wellness-centered leadership and equity-centered leadership is that the local details matter.”

Because there’s no single intervention to address EHR problems or other factors driving burnout, “we’ve taken an approach to pilot a couple of different ways of intervening to see what’s going to work,” said Dr. Mishuris.

One pilot took “the EHR usage data of a single department and put an EHR specialized trainer with each of those clinicians to understand what was driving their biggest deviation from the mean in terms of their EHR usage,” she said. “What that trainer found was that a lot of people had not spent the time up front on personalized things like templates and other quick actions you can take in the EHR.”

“If they had spent 30 minutes up front, they could have saved themselves hours down the road,” said Dr. Mishuris. But “the trainer was then able to sit with them and do that and we saw real improvement in their EHR usage metrics doing that.”

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“If you’re working in well-being on a hospital or health system leadership level, you have to be thinking about health information technology and both the pitfalls and the potentials for that,” said Dr. Rowe. “And finding your allies and your partners is essential.

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“I've been incredibly fortunate in that with” Dr. Mishuris, she said, noting “the other piece is that it's not like I could say 10% of my projects are health information technology projects. It's more integrated than that.”

For example, Dr. Mishuris “will send me an email and say: I'm about to send out this information blast about some work that we're doing. How is this going to land?” said Dr. Rowe. “And I'll say: Oh my gosh, don't say that. That's going to be bad, but you could try saying something different and vice versa.”

“So, there's a lot of informal back and forth. And just look at this for me with your lens, how do you see that? And help me then go back to everything else that I'm doing with that lens,” she explained.

With “The AMA STEPS Forward® Taming the Electronic Health Record Playbook,” physician practices and health care organizations can learn how to rein in the EHR workload and cut down on physician “pajama time.” Download the playbook now (PDF).