How to lobby leadership so you can eliminate extra EHR clicks

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When internist Daniel Dunham, MD, left Northwestern Medicine in 2015 to move across town to Rush University Medical Center, he found himself clicking his mouse about 600 more times a day as he cared for his patients.

Both medical systems used the Epic EHR. But Northwestern’s system didn’t require him to enter his username and password each time he sent an electronic prescription while already signed into the EHR. Rush’s system did.

It added up to about 10 minutes of extra work a day—nearly an hour a week that added nothing to patient care, but contributed to physician burnout, Dr. Dunham said during an episode of the “AMA STEPS Forward® podcast on electronic health record optimization (Apple Podcasts | Spotify).

When he asked about having the system changed to eliminate those clicks, he was told “Epic doesn’t allow us to do that.” Having moved from another health care system, Dr. Dunham knew that wasn’t the case.

“They weren’t aware it could be changed,” said Dr. Dunham, who is now the chairman of medicine at Lenox Hill Hospital in New York. “To me, it’s a plea for institutional investment in having physicians who are well-versed and sophisticated in understanding electronic medical records and to give them the time to try to delve in to this and try to make practices more efficient.”

Reducing physician burnout is a critical component of the AMA Recovery Plan for America’s Physicians.

Far too many American 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 STEPS Forward® Taming the Electronic Health Record Playbook” can help physician practices and health care organizations learn how to rein in the EHR workload and cut down on...
physician “pajama time.”

Overcoming obstacles

Dr. Dunham was ultimately able to get the EHR at Rush changed. He said physicians in other organizations who want to see changes first need to find out who the decision-makers are. After that, physicians must understand the decision-makers’ perspectives and frame the arguments for change in a language that those leaders can understand.

“A lot of times, the decision-makers are looking for a return on investment,” he said.

Physicians can explain that adding 10 minutes a day to the clinician’s workload increases physician turnover. In turn, having to replace that physician could cost the organization $500,000 to $1 million depending on the physician’s specialty. In addition, those added clicks make it more difficult for physicians to see patients, which doesn’t help the return on investment on physicians who are in the organization.

Getting involved in planning

As EHR systems evolve, physicians should be more involved in the planning stages, Dr. Dunham said.

He has often heard leaders wonder why doctors and other health professionals say they are unhappy despite investments in tools to help front-line workers. His response is that it is likely because the investments haven’t been in things clinicians want.

“You really need to look for a partnership between busy clinicians and those who are doing the designing,” Dr. Dunham said.

The changes that evolve from those collaborations, he said, can help bring back some joy to medicine.

“We are all looking to try to make our jobs sustainable,” Dr. Dunham said. “There’s been tremendous stressors in the past couple of years. COVID is the obvious one, but for us primary care physicians there’s a lot of responsibilities we have that are in addition to taking care of patients. If we can try to minimize the time that we spend away from direct patient care, it’s going to help eliminate our frustrations but it’s also going to let us optimize our time with patients where our time is probably best spent.”

To learn more, check out “AMA STEPS Forward® Saving Time Playbook.”


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