That darn EHR!

Two Minnesota researchers confirm it: Electronic health records are adding to your stress.

BY SUZY FRISCH

Mark Linzer, M.D., has a love-hate relationship with his electronic health record (EHR) system. Although it places the patient’s entire record at his fingertips—a convenience not afforded by paper records—it is also a taskmaster.

During each patient visit, Linzer, who directs the General Internal Medicine Division at Hennepin County Medical Center (HCMC), must click through about 100 prompts and race to meet its many requests for action. The system might ask him to follow up regarding a patient’s past health concerns, monitor chronic conditions, review consulting physicians’ notes, verify lab results, refill medications and schedule screenings—all before asking the patient what he or she would like to discuss. “It’s just too much to squeeze into too little time. No one adapted the length of the medical visit to the new technology,” says Linzer, who also is a professor of medicine at the University of Minnesota. “Everyone is trying to get everything done, and it’s an uphill battle. I’m missing sitting and talking to my patients because I’m doing so much clicking.”

Linzer admits he finds the constant prompts and screens stressful, and he has shown other physicians feel the same way. Although clinics and hospitals have been rolling out EHRs for about 10 years, few had studied how they affect physicians’ work lives until Linzer and a team of researchers from HCMC, Mayo Clinic College of Medicine and five universities set out to change that. As part of the federally funded MEMO (Minimizing Error Maximizing Outcome) study, they surveyed 471 physicians and managers at 92 clinics across the country to assess whether using EHRs during office visits contributes to doctors’ stress and potential burnout. Their findings were published in the Journal of the American Medical Informatics Association in September.

EHR realities

The researchers found stress levels vary depending on whether a doctor’s office uses a low-, moderate- or high-functioning EHR system. Physicians who use bare-bones (low-functioning) systems that provide only basics such as lab results, medication lists, prevention reminders, guidelines and the ability to email patients generally experience the least amount of stress. Those who use moderate-functioning systems that have features such as notes from previous patient encounters, notes from consulting physicians, and the ability to order tests or scans and exchange information with other physicians, experienced the most stress. Doctors who use high-functioning systems that do all of the above, plus provide lists of a patient’s problems and medications; have eprescribing capabilities; and include information about drug interactions, all patient notes and radiographic reports indicated their overall stress levels were closer to those of the physicians using the low-functioning systems. In addition, many of the study’s participants said they believe the quality of the care they provide has suffered because they spend so much time with the EHR, rather than with the patient.

Linzer says they also found the collision of two factors—the arrival of the EHR and organizational pressure to see more patients each day—causes physicians to feel
Further stress. “The minutes available to see patients are shrinking, and with every minute you take off, the stress dramatically rises. That’s when people start getting burned out,” he says. Linzer notes that wherever he goes to speak, the EHR is all anyone wants to talk about.

Bill Spinelli, M.D., a family physician at Allina Medical Clinic in Hastings and a research fellow in Allina’s Division of Applied Research, who has been examining physician burnout, found EHRs were a contributing factor. He found in a study of Allina physicians that:

EHRs don’t save time. Doctors who took part in a focus group said it takes too long to complete the documentation and work required by the EHR, especially as they transition from traditional paper-based systems to electronic ones. It puts administrative tasks such as chart documentation back into doctors’ hands, instead of assistants’. Adding to doctors’ workloads is the fact that it takes multiple steps to open a file, create an encounter, then open the documentation section.

EHRs cause information overload. Well-meaning administrators send training tips and other updates to help physicians use the EHR efficiently and effectively. “But the constant barrage of updates and changes can stress people out,” Spinelli says.

EHRs contain copious amounts of information about each patient—from their problem list to all of the notes from consulting physicians—and sometimes it’s difficult to determine what is and is not important.

EHRs require doctors to be multi-taskers. Many of the focus group participants were frustrated by having to juggle patient interaction with entering information into the record. They worried that it negatively affected the dynamic with their patients because they are looking at a screen instead of talking with them.

EHRs create a never-ending pile of work. Physicians in Spinelli’s study, like those in Linzer’s, cited the in-basket feature as being a problem.

Spinelli says privacy laws and liability concerns are two reasons why more of the work falls to physicians. With the EHR, there are certain tasks that physicians now must complete, even if they were once handled by a nurse or medical assistant. For example, the physician is the only one who can go into a patient’s file and remove medications he or she is no longer taking.

Spinelli has noticed the increased workload in his own practice. He used to be able to wrap up his workday with about 30 minutes of administrative work before heading home. Since moving to the EHR, he now spends one to six hours catching up on chart documentation, following up on emails and requests, refilling prescriptions and more.

Here to stay
Spinelli’s and Linzer’s next goal is to seek ways to mitigate EHR-related stress. One possibility is to give physicians more time with patients during office visits so they can complete all of the requested tasks without having to rush. Another is to change the rules so that other medical staff can take over some of the data entry and do prescription refill or prior authorization requests. That way doctors’ in-baskets won’t be chock full at the end of each day.

Despite their concern about EHRs causing stress, both Linzer and Spinelli acknowledge that EHRs are here to stay. And they say they hear positive comments from physicians who appreciate having access to all of the patient information the electronic record provides them during office visits. They like that they can review patients’ historic blood sugar or cholesterol levels with them, then quickly turn the data into a graph that makes the information easy for the patient to understand.

“They appreciate the power of the tool, the data that’s available and the access to clinical decision-making support. But it does make their jobs more stressful,” Spinelli says. “They’ll say, ‘This has been terrible for me. But don’t take it away!’” MM

Suzy Frisch is a Twin Cities freelance writer.

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