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## Reducing Physician Burnout: Mitigating Impact of the EHR

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# ENGAGED

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IBM Watson Health™

# Conflict of Interest

Martin Pricco, MD, MBA:

Has no real or apparent conflicts of interest to report.

Paul DeChant, MD, MBA:

Salary – Employer: IBM Watson Health

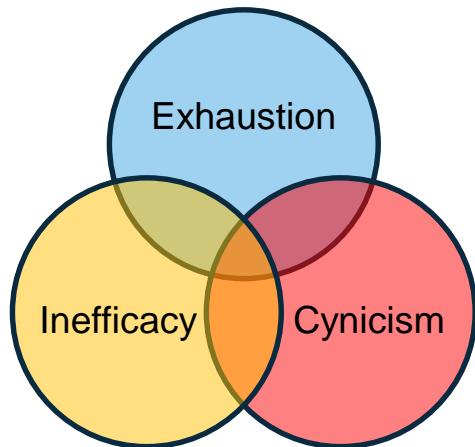
# Agenda

- Physician Burnout
  - Manifestations, and Drivers
- Reducing the Impact of the EHR as a Driver of Physician Burnout
  - Gould Medical Group Experience
  - Poll Audience for your experience and topics to discuss
  - Facilitated Conversation based on prioritized issues
    - Sharing Success / Lessons Learned

# Learning Objectives

- LO 1: Define physician burnout and its manifestations
- LO 2: Explain the drivers of physician burnout and their relation to the EHR
- LO 3: Describe how the Gould Medical Group worked with their physicians to mitigate the impact of the EHR as a driver of burnout
- LO 4: Engage the attendees in sharing their success in mitigating the impact of the EHR
- LO 5: Develop an action plan attendees can take back to their organizations to reduce burnout in their clinical settings

# Three Manifestations of Burnout



**Exhaustion:** depleting emotional resources to cope with the work environment. A loss of enthusiasm for work. *Nothing More to Give*

**Depersonalization (cynicism):** Distancing oneself from patients or the organization. *Self-protective mechanism*

**Inefficacy:** a sense of low personal accomplishment, or feeling ineffective, at work. *Physicians feel ineffective, but patients value their care.*

# Drivers of Burnout:

## According to Maslach, Leiter + Linzer

Work Overload

Chaotic work environment

Time Pressure

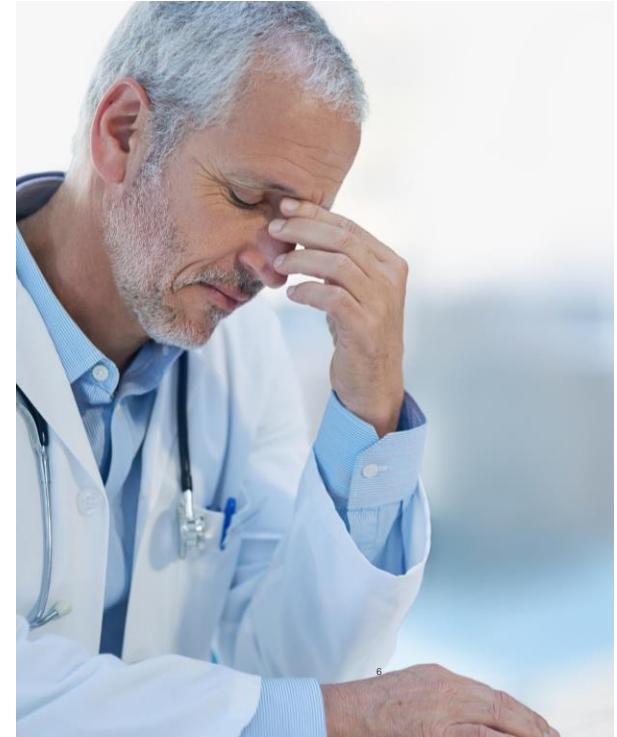
Loss of control

Insufficient reward

Breakdown of community

Absence of fairness

Conflicting values



Maslach, C., & Leiter, M. P. (1997). *The truth about burnout: How organizations cause personal stress and what to do about it*. San Francisco, CA: Jossey-Bass.

# The EHR's Impact on Professional Satisfaction and Work-Life Balance

**2 hours administrative work for every hour of direct patient care**

**Distracted Doctoring in Exam Room**

**53% of time on direct clinical face time**

**37% on EHR and desk work**

**Work after work**

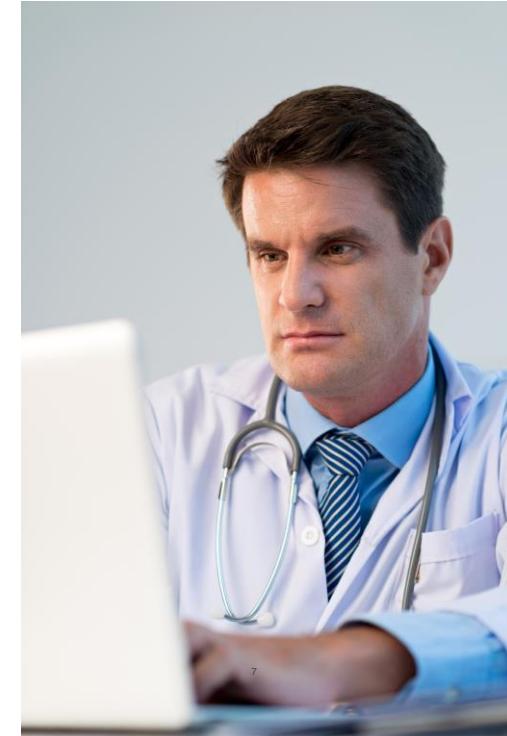
**Average 1- 2 hours of EHR time at home**

**Pajama time**

**Saturday night date with EHR**

**Decreased Interaction with Colleagues in the Hospital and Office**

- **Annals Int Med 6 SEPTEMBER 2016 Allocation of Physician Time in Ambulatory Practice: A Time and Motion Study in 4 Specialties** Christine Sinsky, MD; Lacey Colligan, MD; Ling Li, PhD; Mirela Prgomet, PhD; Sam Reynolds, MBA; Lindsey Goeders, MBA; Johanna Westbrook, PhD; Michael Tutty, PhD; George Blike, MD  
Beasley, John, MD I-PRACTISE. <http://www.fammed.wisc.edu/i-practise/>

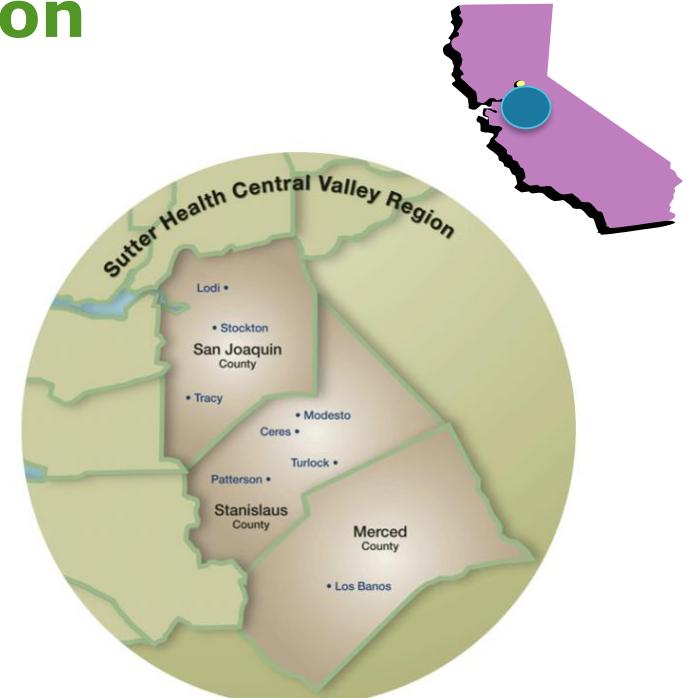


# Sutter Gould Medical Foundation

## Gould Medical Group

### Central Valley Region, California

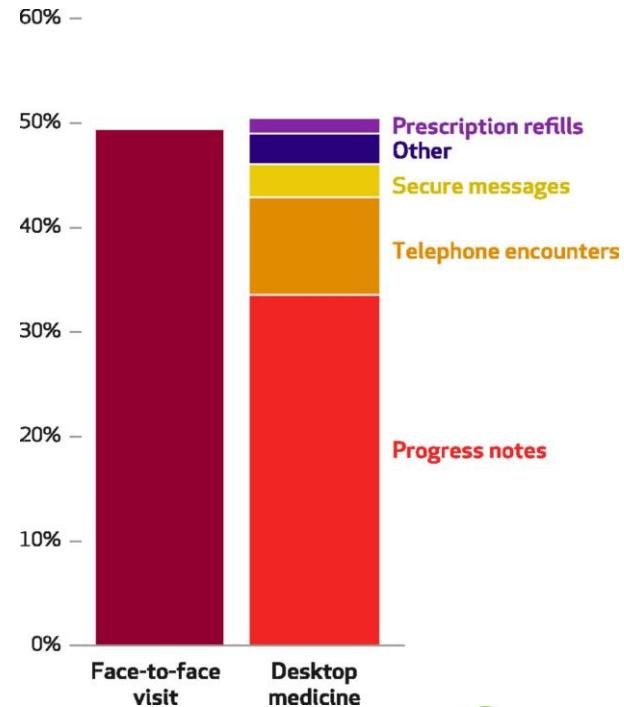
- Affiliated with *Sutter Health*
- 360 physicians and allied health practitioners
- 1140 employees
- 30 specialties at 24 locations in 3 counties.
- Annual visits: 1,600,000
- Net patient services revenue of \$380 million



# Desktop Medicine

- 471 primary care physicians
- 2.8 million encounters over 4 yrs
- 51% of MD time was spent on desktop medicine per EHR log
- Largest component was visit notes
- Conclusion: 40% patient face time, 40% desktop medicine, 20% other activities

Percentages of physician time spent on various activities, 2011–14.



# EHR Areas of Focus

- Initial training
- Specialty-specific user interface
- Visit note documentation
- In-basket management

# Initial Training—Impact persists over time

- Need minimum of 6 hours onboard training
- Classroom or “at-the-elbow” or both?
- Personalization is important
  - Create filters, preference lists, templates
  - Features 45% used on average, 10% don’t use at all
- Focus on data retrieval as well as input
- Periodic follow-up training with upgrades

# Personalization of the EHR

- High correlation between use of personalization settings and physician satisfaction ( $r=.79$ )
- Common personalization settings
  - Documentation templates (data in)
  - Documentation macros (data in)
  - Preference order lists (data in)
  - Order sets (data in)
  - Chart review filters (data out)
  - Report views (data out)
  - Layouts (data out)

# Specialty-specific customization

- Build specialty-specific functionality
- Leverage vendor model builds and tools
- Team should include specialist physicians, local and system analysts, EHR build experts, and vendor representatives.
- Use a lean rapid-cycle approach
- Six week post-build follow-up and modifications

# Sample Optimization Cycle

## Three-Week Optimization Plan

	4 weeks prior to optimization plan start	3 weeks prior to optimization plan start	Day 1	Day 2	Day 3	Day 4
	<b>Specialty Kick-off</b> IT and specialty identify stakeholders for roles, block time for meetings, and enter these values into the <b>Checklist</b> tab of the toolkit	<b>Specialty Kick-off</b> Project team provides overview of the optimization process, Optimization Toolkit, and uses the Optimization "Menu" to fill out the Optimization List with the specialists	Project team member (analyst or support staff) observes specialty clinic and assists with efficiency tips	Project team member (analyst or support staff) observes specialty clinic and assists with efficiency tips	Observe/assist with efficiency tips	Morning: Meet with Specialty staff to <b>finalize Optimization List</b> with updates as needed based on observations  Afternoon: Begin build

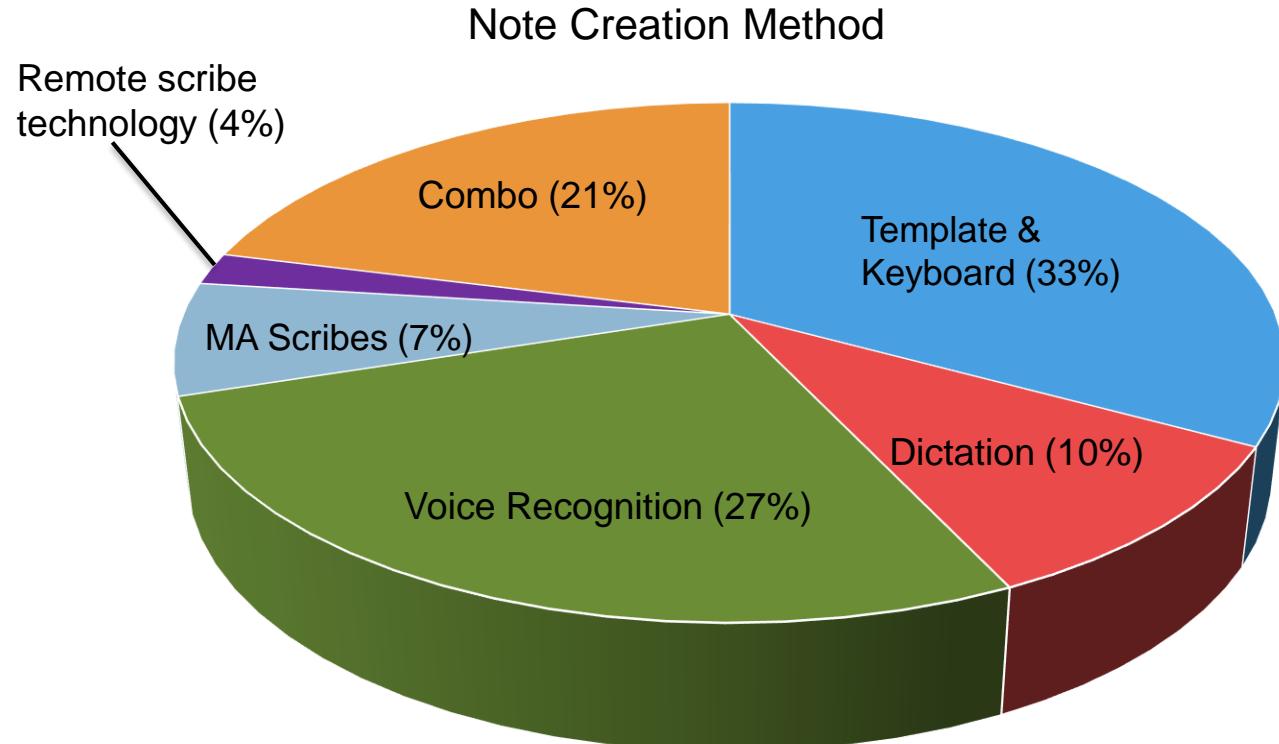
Day 5	Day 6	Day 7	Day 8	Day 9	Day 10
Build	Build	Build	Build  Review build with specialty stakeholders	Build and test  Start tip sheet creation	Build and test  Refine tip sheets

Day 11	Day 12	Day 13	Go-live	Support
Build and test  Review build with specialty stakeholders  Refine tip sheets	Test  Finalize tip sheets	Train stakeholders, who will then train clinic staff on final day	Train staff and go live with Optimization	Post-live support and efficiency assistance

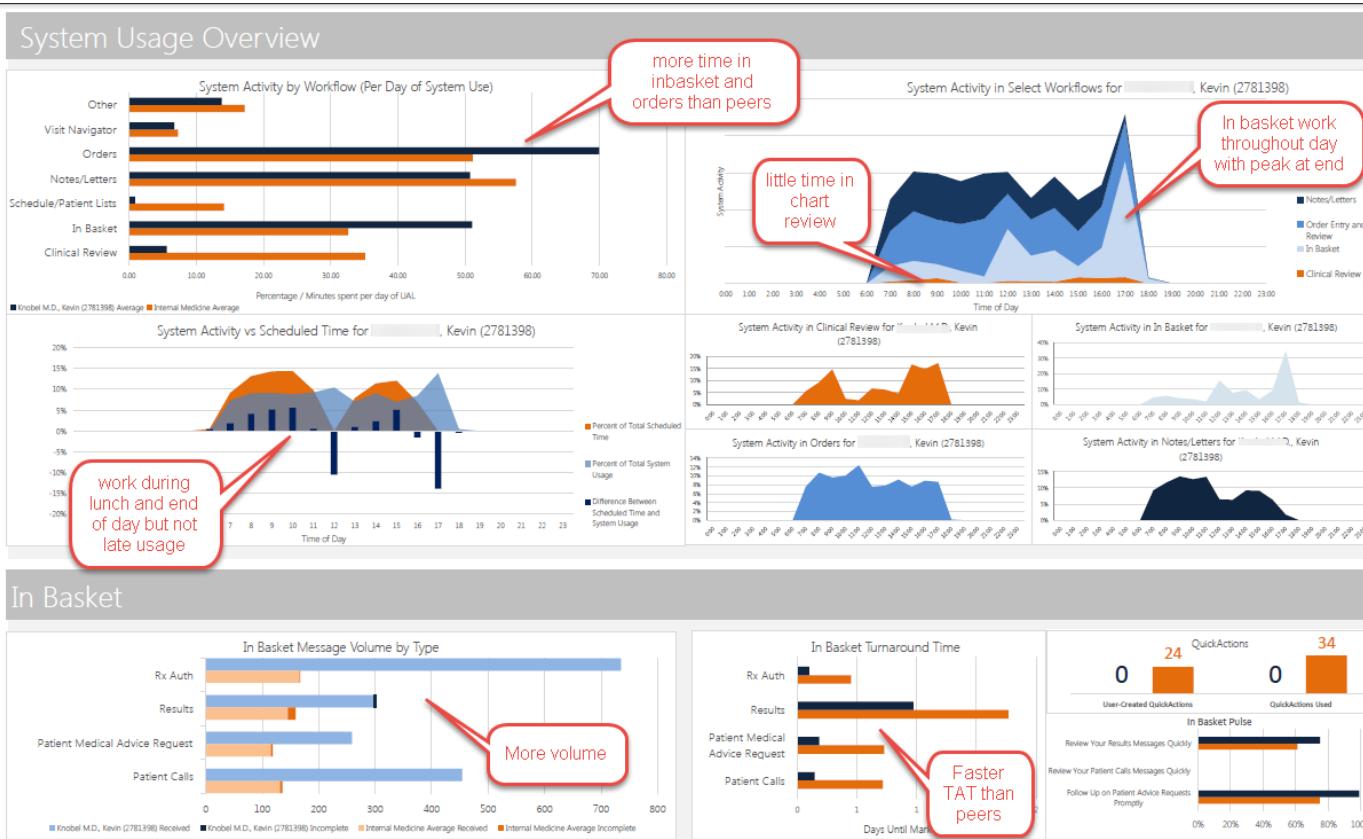
# Key Specialty Changes

- **Specialty summary view**
  - Problem list prioritized by specialty
  - Specialty comments
  - Pertinent specialty labs
  - Recent visits and last progress note
- **Navigator simplification**
  - Interactive patient header
  - Remove infrequently used tabs
  - Simplified order entry and charge capture
- **Pre-made chart review filters**
- **Key benefits**
  - Greater MD engagement with EHR design & workflow
  - Simplified training
  - Improved user efficiency and satisfaction

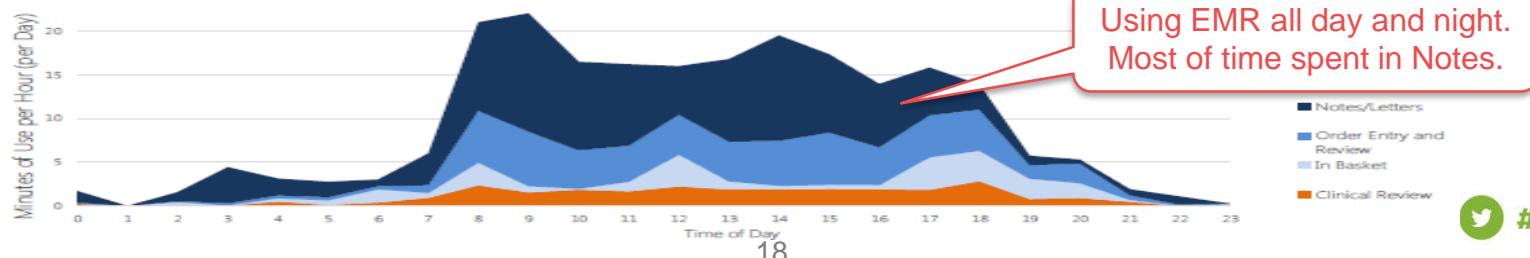
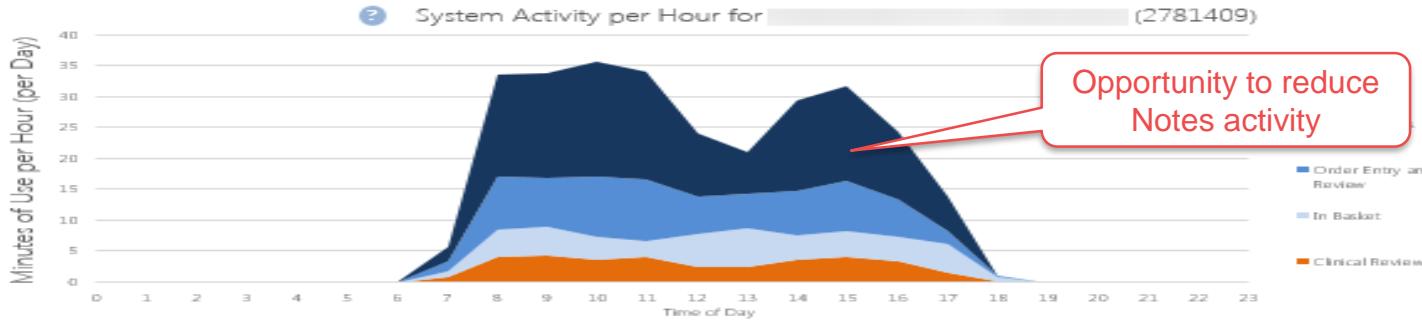
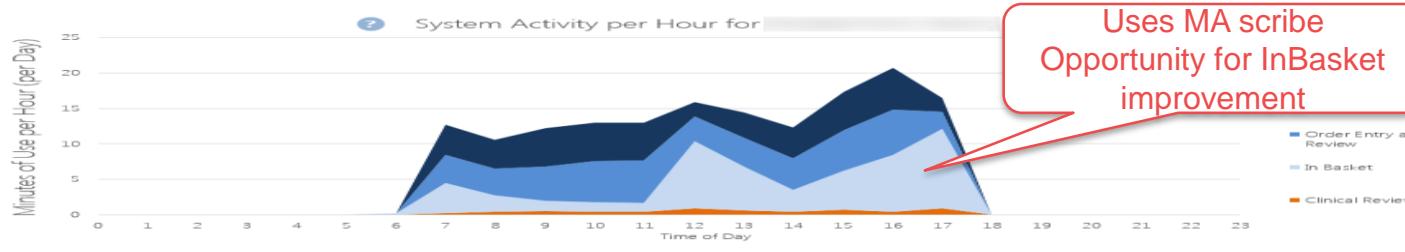
# Note Creation at Sutter Gould



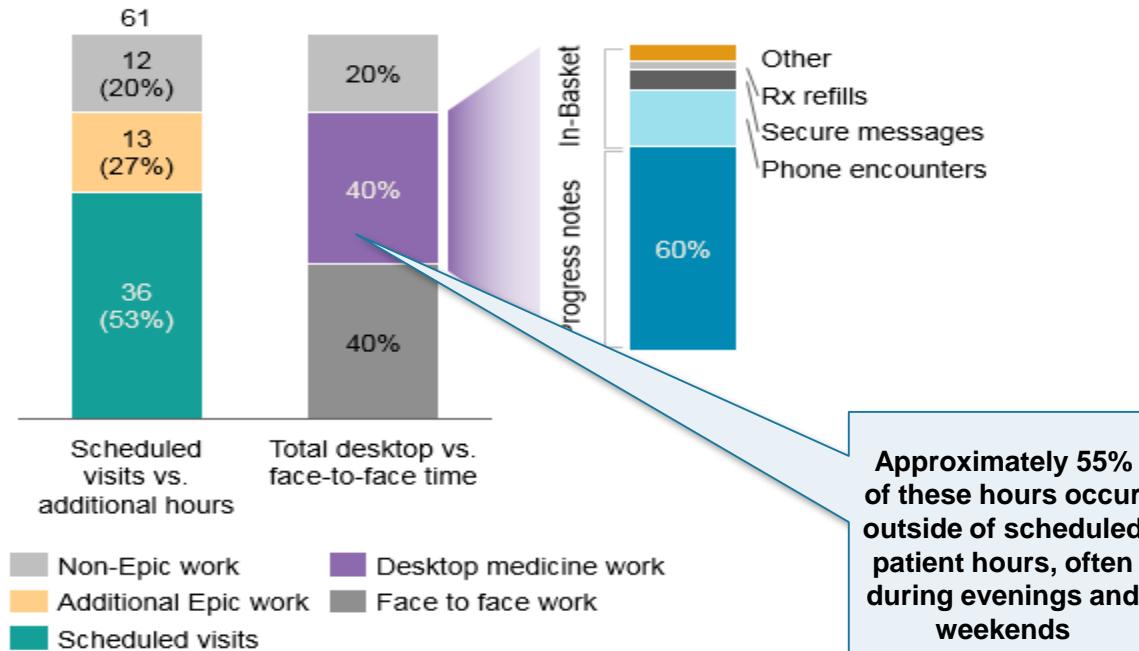
# EHR Usage Profile Example



# EHR Usage Profile Comparison



## EHR is 40% of total time, and In-basket is 35% of EHR time



# In-basket Management

- Eliminate unnecessary folders (combine or delete)
- Use pools effectively
- Optimize workflow to facilitate item completion
- Improve messaging protocols
- Centralize eligible RN medication refills
- Disseminate quick buttons and smart phrases

# Governance and Leadership

- Streamlined governance promotes physician satisfaction
- Service mentality with a focus on users and patients
- Rapid EHR change approval and implementation cycle
- Physician builders can help streamline governance

# Next Steps for Sutter Gould

- EHR efficiency training & personalization tools
- Improve clinician documentation time
  - Identify outliers based on efficiency profile
  - Provide technology, staff support and training
- Reduce in-basket burden
- Optimize use of licensed non-MD staff
- Adopt a consistent physician burnout survey

# What Is Your Organization Doing Now? *Show of Hands*

1. Provide Proximity Password “Tap & Go”, no need to keyboard passwords?
2. Provide individual optimization training?
3. Measure EHR user behaviors? (hours of the day, screens, etc?)
4. Provide specialty-specific EHR customization?
5. Offer speech-to-text auto-transcription?
6. Offer scribes or team care?
7. Give your users a choice of 3 or more documentation methodologies?
8. Have all in-basket messages going to a pool before going to physician?
9. Provide centralized Rx refill?
10. Have streamlined EHR governance and change management?

# Engaged discussion: Sharing “*Pearls of Wisdom*”

- **Vote for one of five discussion topics on next slide**
- 10-15 Minutes discussion each on the top 2 or 3 topics
- Each person has **one minute** at the microphone
- Share your pearl, observation, and/or recommendations

## **Vote for Topics to Discuss (You only get one vote)**

**For your organization, what category of EHR improvements would have the greatest impact in reducing physician burnout?**

1. User training and personalization
2. Specialty-specific customization
3. Note creation and documentation
4. In-basket management
5. Governance and leadership

# Engaged discussion: Sharing “*Pearls of Wisdom*”

- 10-15 Minutes discussion each on the top 2 or 3 topics
- Each person has **one minute** at the microphone
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## Personal Action Plan

What will you begin work on next week? (Vote for one)

1. Proximity Password “Tap & Go”
2. Measurement of EHR Provider Use Behaviors
3. Individual optimization training
4. Specialty-specific User Interfaces
5. Inbasket Messaging management
6. Centralized Rx refill
7. Standard pre-visit chart preparation by support staff
8. Redesigning exam rooms to ensure physician faces the patient
9. Speech-to-text auto-transcription?
10. Scribes or Team Care?

# Questions

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