

CAN TECHNOLOGY HELP SOLVE THE BURNOUT CRISIS?

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Introduction

The causes of the physician burnout crisis are many and complex, which makes it hard to find a solution. How does technology play a role, in both the problem and the solution?

Physicians who are burned out often feel powerless. The first step to relieving burnout is to realize you can take back control. One way physicians can do this is by seeking out technology solutions that support — rather than hinder — the physician-patient relationship.

This e-book will put the burnout crisis in context, discuss the role of technology in relieving the pressure and provide practical advice for physicians, practice executives and administrators looking for solutions.

The burnout crisis in context

Physician burnout is defined by the Medical Group Management Association (MGMA) as “the long-term, cumulative stress and depersonalization that doctors experience amid growing burdens in the practice of medicine.”

Not every doctor is burned out. But the number of physicians who have felt this way is staggering. Nine out of 10 doctors say they have felt burned out at some point in their career, according to the *Medical Economics* Physician Burnout and Wellness Survey, published in September 2022.

“Many physicians tell us about sitting in their car and crying before going into work or being nauseated at the idea of having to face another day where the pressures are extreme, the need is great, and the support is next to nil,” said Rebecca Etz, PhD, an associate professor of family medicine and population health at Virginia Commonwealth University and co-director of the Larry A. Green Center, a physician advocacy group. “It’s a very difficult environment.”

Physician burnout has a tremendous impact on the entire healthcare system as well. A 2022 *Mayo Clinic Proceedings* study estimated that primary care physician turnover, fueled partially by burnout, leads to nearly \$1 billion in excess healthcare spending each year.

40%

of medical practices had a physician leave or retire early during the past year explicitly because of feeling burned out.

Source: MGMA survey, August 2022

Top 5 reasons doctors say they are burned out

Each burned out doctor has their own reason for their feelings, but these are the primary drivers, according to *Medical Economics* survey data from thousands of physicians since 2018:

- ① Too much paperwork, documentation, and regulations
- ② Seeing too many patients each day and working too many hours
- ③ EHRs that don't work as intended or not right for that physician's practice
- ④ Lack of autonomy and career control
- ⑤ Overwhelmed by patient needs

The causes of burnout

It seems obvious to point to the COVID-19 pandemic and its aftermath as major contributors to burnout, but many of the challenges that are depleting our nation's doctors existed prior to the pandemic. Time pressures, a chaotic environment, packed schedules, administrative burdens—not to mention family and personal commitments—the pressure on the medical community has been building for a long time. The pandemic made an existing situation worse.

Working too many hours with too many tasks and too little time for each patient appointment are major factors leading to burnout. Other contributing factors: Increasing government regulations and evolving payment models, payer changes, staffing shortages, and a firehose of data to sort through—all of which get in the way of providing care and achieving work-life balance. Cumulative stress can lead to issues at home and feeling disconnected from family and friends, which adds fuel to the fire.

“In my experience burnout comes from two inherent things,” said L. Allen Dobson Jr., MD, a family physician and former executive director of Community Care of North Carolina, and chief medical advisor for *Medical Economics*. “One is a lack of feeling like you're valued in the system. The other is control, in having a voice and some sense of control in what's going on with your patients and your practice.”

As a result, physicians **are searching for practical solutions** to improve their work-life balance, alleviate burnout, reduce time on documentation, and cut through red tape to focus more on patient care.

Will improving technology help?

Can technology help solve the burnout crisis? Better technology isn't a cure-all, and it may not provide much help if the true root cause of a physician's stress isn't addressed.

When it comes to addressing the issues in day-to-day medical practice that contribute to burnout — which can be described as task load — technology can be a part of the solution. For physicians burned out on dealing with red tape, workflow snags, declining revenue, staffing shortages, and other administrative burdens, there are technology solutions that can make a real difference. A 2021 study published in *The Joint Commission Journal on Quality and Patient Safety* found that **for every 10% decrease in physician task load, the odds of experiencing burnout were 33% lower.**



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Examples of how better technology can help

What can be done to reduce this task load? And how can technology help? Here are a few ways:

- If administrative burdens and a clunky EHR system are bogging down a practice and causing burnout, upgrading to a better, more functional EHR can be a helpful step.
- If physicians are drowning in an ocean of patient data, solutions that deliver data insights in a useable fashion at the point of care — the right data at the right time — can be a big help.
- If a practice staff is being inundated with phone calls, a secure messaging and online communication system can reduce that strain.

Technology is part of the overall task-load dominated practice environment that research shows is one of the largest contributors to the crisis, said Michael Tutty, PhD, MHA, FACMPE, group vice president for professional satisfaction and practice sustainability for the American Medical Association (AMA).

“I would argue that the best place for us to be investing our time and resources is working on those environmental issues that make it harder to practice medicine than it should be,” Tutty said.

Three common issues that contribute to administrative burdens—longer days, stress, and feelings of disconnection from patients—can be alleviated with the right technology solution at the right time. **Let’s take on these strategies one by one.**

Strategy 1: Find the right tech for your practice

Optimizing your EHR can help solve burnout. But the wrong system can contribute to burnout: 17% of physician respondents said EHRs were the leading contributor to their feelings of burnout, according to the Medical Economics' survey. In Medscape's 2022 burnout survey, 28% of respondents said the increasing computerization of practice contributes most to their burnout.

So if your system doesn't work for you, consider finding a better one.

The first step is to choose technology that is right for your practice. Tutty suggests four broad and simple questions to ask yourself when watching product demos and negotiating with vendors:

- ① Does the EHR provide the functionality the vendor claims it does?
- ② Will your practice be able to bill effectively for its services?
- ③ Will you be liable for errors and costs if the EHR fails to function properly?
- ④ Will it meet the needs of your practice?

If you can't adequately answer each of these questions, then think carefully whether a technology solution is right for you, Tutty said.

Even a well-functioning EHR system can contribute to burnout if a practice has not optimized it for their workflow and taken steps to reduce the documentation burden. Selecting a new system can be daunting, but there are **concrete steps** a practice can take to choose the best system for their needs.

“I think you really need to know what's happening under your own roof. Because if you don't understand your workflow, there's always the risk that you're gambling, that you may pick the wrong solution. You need to work with your staff and identify the pain points and inefficiencies of your workflow — then you can seek technology that addresses those inefficiencies.”

– **Greg Sicard, MD**

Senior Clinical Informaticist

NextGen Healthcare



How to pick the right EHR for your practice

Many physicians incorrectly assume that once they invest in an EHR, they're stuck with that vendor forever. In reality, physicians *can* switch to a new EHR. However, physicians and practice administrators caution that physicians need to do it for the right reasons, and they need to take certain steps proactively to ensure a smooth transition. Here are 5 steps physicians should take if they are considering switching EHRs.

Step 1: Create an EHR team

Gather the experts and stakeholders in your practice to help guide the selection process. Be sure to include representatives from each department within your practice: clinicians, front desk and back office staff, IT services, and administration.

Step 2: Assess your needs

Ask the EHR team to collect feedback on pain points, missing capabilities, and lost opportunities with the current system. Then determine which capabilities the team feels are most important and select a list of vendors (at least four) that can potentially meet those needs. Create a proposal that outlines your needs and reach out to the vendors.

Step 3: Ask around, and see the system for yourself

Reach out to vendors and view product demos, either online or in person. Independent healthcare consultants can help as well, so long as they have experience implementing the system you are interested in. Consider speaking with or visiting practices using the solutions under consideration.

Step 4: Ask questions — and then ask more questions

No question is off limits when interviewing vendors about their systems. Vet them thoroughly, and make sure all questions are answered to your satisfaction. Some important questions include:

- What is the project plan for implementing the new system? How many hours do they expect implementation to take?
- How is the work divided between the vendor and the practice?
- How is the vendor being paid? Does every charge make sense?
- Does the vendor migrate the data from your old system to the new system? Is there an additional fee?
- Does the vendor provide staff training? What are the credentials of the training staff? Is training on-site? Will your staff have access to online courses as well?
- How does customer service work post-implementation?

Step 5: Make your final choice (and get the best offer)

Narrow down the vendor list to a final two, notify the vendors, and ask for a best and final offer. This gives your practice an opportunity for a better price on the winning system.

“One of the most important things I have learned is not to buy until I try. You must make sure all questions are answered. Tell them what you need and ask for a demo on how that will work. Be clear on your needs and expectations from the first conversation. **Remember, technology should be a facilitator and not an obstacle.**”

– **Rafael A. Lugo, MD,**
private practice physician
in Texas

90 minutes

How much time U.S. providers spend documenting in an EHR each day.

Source: 2021 *JAMA* study

Strategy 2: Spend less time documenting care

Documenting care is a major contributor to burnout because it's additional work that physicians need to try to jam in between patients or finish at night.

What's the best way to tackle such a large issue? Tutty recommends examining metrics on EHR usage as a first step. Practices are often surprised at how much variation there can be in documentation time among physicians. It may be that physicians who spend more time in the EHR **need more training**. Identifying these issues can help a practice determine who needs training and which topics need to be reinforced.

“Working with your EHR vendor to set up macros and templates can be a big help in semi-automating the documentation process,” according to Greg Sicard, MD, senior clinical informaticist at NextGen Healthcare. He also recommended **dictation software** that can help automate notetaking, while allowing physicians to make more eye contact and connect better with patients in the exam room.



How scribes can help with documentation

Another potential solution is using scribes. And while many physicians might think of a scribe the old-fashioned way, as someone who comes into the exam room to take notes during the patient visit, there are technology-enabled solutions that don't require the presence of a third-party in the middle of an exam.

Tech options for scribes include both **remote scribes** and **virtual live scribes**. The concepts are similar but have some key differences. When using remote scribes, a physician dictates the note into an app on their smartphone, and a scribe in a remote location will document the encounter directly into the EHR. A virtual live scribe attends the appointment via telehealth and documents the encounter in the EHR in real-time as the patient visit takes place. In both scribe setups, physicians must review and sign off on the documentation.

Scribe solutions, when employed consistently by a practice, **can reduce documentation time practically to zero**, allowing physicians to avoid after-hours charting, a significant contributor to burnout.

“My hands are not on the keyboard and I’m looking directly at the patient. It’s more personal. I just feel so much more relaxed.”

– **Ellen Hight, MD**,
a family medicine physician
in Rhode Island who uses
virtual scribes

“Healthcare is moving toward integration of systems, and the new technology must have that flexibility, or it will be obsolete in a short period of time.”

— **Rafael A. Lugo, MD,**
private practice physician in Texas

Strategy 3: Find one vendor to supply an integrated, end-to-end technology suite

Along with patient care, a medical practice must fulfill numerous responsibilities, or it can't survive. Physicians require documentation tools, patient and employee scheduling, billing and claims solutions, ways to handle collections, eligibility checks, and more. These many and varied tasks can lead a practice to take on a whole array of software from many different vendors over the years.

This can cause confusion, system incompatibility, ballooning costs, and other issues. Those kinds of issues are the ones that can lead directly to burnout.

“I would not buy tech that is isolated,” Rafael Lugo, MD, a private practice physician in Texas, said. “I need tech that is malleable and that has the functionality to expand, evolve, and collaborate. **Healthcare is moving toward integration of systems, and the new technology must have that flexibility, or it will be obsolete in a short period of time.**”

Focus on what you can control

Burnout has multiple causes, and physicians are burned out for different reasons. There's no easy answer. But the first step is to focus on what you can control in your own practice. Health IT optimization is a way to ameliorate at least one factor contributing to burnout that is within the control of an individual medical practice.

Take stock in the strategies presented in this e-book:

- A new and/or optimized EHR
- Technology solutions to lessen the documentation burden
- A health IT vendor with a scalable, integrated, set of solutions that can be configured to meet provider preferences

These strategies can help physicians relieve their burnout by putting the doctor back in control and putting the physician-patient relationship front and center.

“The focus has to be on renewing a physician’s love for medicine by restoring the feeling that they are in control of their daily schedule,” said Dobson.

Sicard agreed. “We need to create an environment where physicians feel like they’re able to see a patient, give them the time they need, and appropriately document that visit while reducing some of the clerical tasks that get in the way.”

Etz, a primary care researcher, said that when administrative burdens can be stripped away, it allows physicians to renew their love for medicine and remember why they went into medicine in the first place: to connect with, and help, their patients.

To reduce burnout, we need to return to an environment where the emphasis is on the relationship between the patient and physician. Technology can have a role in this effort, and the best technology solutions will help support this relationship.

“The future of healthcare needs to be about having relationships with patients again. And understanding that people need to be able to go somewhere that they can trust; where they can feel vulnerable and get advice and trust that that doctor puts the patient’s interests above their own.”

– **Rebecca Etz, PhD,**
primary care researcher

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