# Reducing the
Administrative Burden of EHR

IMPROVING EFFICIENCY WITHOUT OVERWHELMING PHYSICIANS & STAFF

For years one of the primary complaints from physicians and administrative staff alike is the overwhelming burden of "administrative" tasks[1] that both small and independent clinics and medium to large physician groups have to tackle. These tasks—which range from entering notes into the EHR to managing insurance claims and bill payment—take time away from patient care.
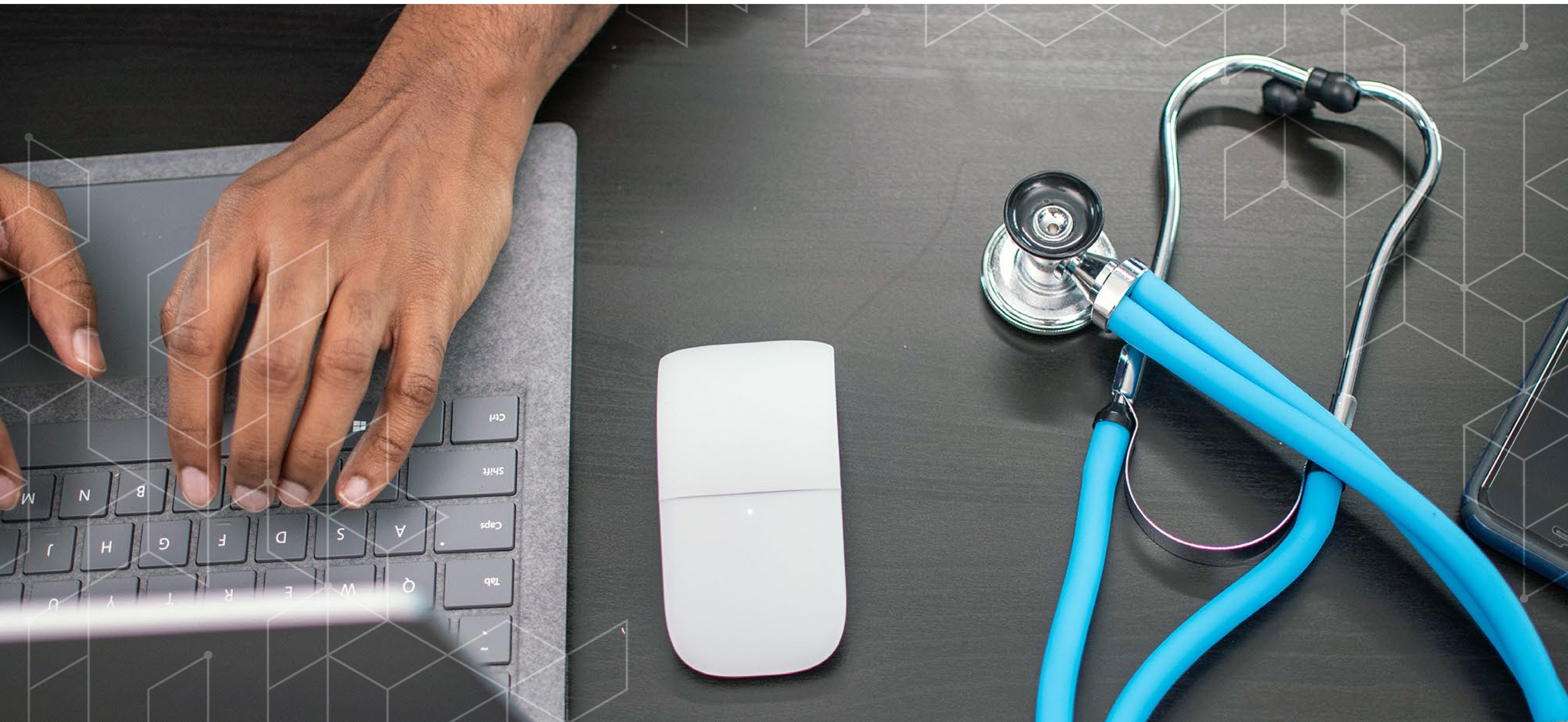
THE LOOMING CRISIS OF PHYSICIAN BURNOUT

They are also increasingly cited as one of the key drivers for physician burnout. Almost one-third of physicians report[2] spending 20 or more hours per week on paperwork, and 70% reported spending at least 10 hours. The same report showed that 86% of physicians are spending more than 30 hours a week in clinical time, and almost 30% of physicians reported seeing patients 45 hours of more in an average week.

In a *Medical Economics* Physician Report[3], 79% of doctors said paperwork and administrative burdens are their top challenge. The term "burnout" is not a specific medical diagnosis, but in general it refers to work-related stress that includes a high level of emotional exhaustion and can manifest in physical symptoms as well. There are several work-related factors that can make someone more likely to experience burnout[4] in medicine, such as:

FEELING OF A LACK OF CONTROL

Administrative requirements often come from payers and government, and refusing to comply means you don't get paid. That can make individual physicians and those at smaller group practices who are trying to manage their own practice feel out of control.

CONSTANT CHANGE

Administrative rules and regulations are constantly in flux and can leave physicians and staff feeling like they can never keep up.

UNCLEAR EXPECTATIONS

Not knowing exactly what is required (perhaps because of those changing rules and regulations) makes it hard to know what you should be doing.

LACK OF SUPPORT

Physicians and staff who don't feel supported by administration are more likely to experience burnout.

It's not always easy to spot burnout, especially for physicians and healthcare staff who work in a demanding field and are likely to feel some level of stress and exhaustion from normal work. However, there are some specific signs of burnout[5] that administrators and office managers can look for to try and get ahead of a crisis:

- ✔ Low energy
- ✔ Lack of consistency in work output
- ✔ Expressions of disillusionment with work
- ✔ Difficulty concentrating

- ✔ More errors or "close calls"
- ✔ Highly cynical or critical attitude toward themselves or others
- ✔ Irritability and impatience with coworkers and staff

TECHNOLOGY AS A BENEFIT, NOT A BURDEN

While the prospect of burnout among physicians and healthcare staff is alarming, the reality for is that many of the contributing factors are not going away.

The use of technology in medical practice is likely to increase, not decrease. The chance of reforms to the current insurance claims and payment system are still far off, if they happen at all. Payment models—at least in the foreseeable future—will require physicians to continue seeing a higher volume of patients for a practice to remain financially viable.

Before you lose hope, though, it's important to note that while technology has historically been a cause for complaints among physicians and staff, it doesn't have to be. In fact, the right practice management software has the capacity to unlock more revenue and increase work satisfaction. For administrators and office managers, the key is twofold:

Finding the right software systems that support better clinical outcomes and can be used in a way that is not intrusive or counterproductive to the mission of patient care. This helps physicians feel more in control of the care they provide.

Implementing workflows that make technology a valuable tool and not a burden, and continually revising and improving those workflows to make it easier over time. This addresses common contributors to burnout like feeling unsupported or trying to keep up with constantly changing rules and regulations. Workflows that are thoughtfully crafted help administrators provide support and guidance and set clear expectations for everyone in clinical practice.

Technology adoption in a clinic cannot be a passive activity. Office managers and administrators must be proactive in seeking out appropriate tools, then leading the charge in training everyone on proper use, and encouraging constant evolution using technology to improve care.

By now almost 9 out of 10 physicians[6] have some type of EHR in place—but whether you are looking at your first EHR, trying to replace an existing EHR, or simply trying to improve on what you have today, there are steps you can take immediately to reduce the administrative burden of your practice management system.

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FIND SOFTWARE SPECIFICALLY BUILT WITH CLINICAL RELEVANCE IN MIND

The unfortunate reality of practice management software is that was not historically built with clinical practice in mind. Simple things like usability and interoperability remain elusive for many systems that were built in the early days of EHR adoption.

Most of these systems were created by software developers with little to no clinical experience[7]. But rather than revamping them when it became clear that they were difficult and cumbersome, these legacy systems have simply patched and added on over time, making them even more cumbersome and difficult. The promised advantages of being able to improve clinical decision making, spot errors in prescribing medication, or identify disease risks have not materialized. Instead, as a Kaiser Health Network report detailed[8], "Physicians complain about clumsy, unintuitive systems and the number of hours spent clicking, typing and trying to navigate them...The proprietary EHR systems made by more than 700 vendors routinely don't talk to one another, meaning that doctors still resort to transferring medical data via fax and CD-ROM."

The good news (if there is some in the "unholy mess" that is today's EHR landscape), is that there are software vendors today who understand the need for both software capabilities and user experience. For clinics that are considering a new practice management software, it's important to focus your search on newer software options that are truly designed with user experiences in mind.

AdvancedMD is not only a completely integrated and unified system, but also one built alongside input from clinicians, billing and administrative staff who are using the system on a daily basis. The user interface is intuitive and flows through patient appointments so you can easily see all the relevant information and avoid extra clicks or navigating through multiple screens and programs.

USE AUTOMATION TO YOUR ADVANTAGE

Automation is one of the most promising aspects of electronic health records and practice management software.

In theory, EHRs were supposed to make medical practice and patient care even easier by streamlining most of the things that physicians or staff were doing manually.

In practice it hasn't worked out that way, because clinical teams either don't understand how to use automation correctly or haven't taken the steps to implement automation as a regular part of your practice.

Automation can reduce burnout and improve patient care. But in order to work properly it requires you to set up the system correctly, train your staff and physicians on how it works, and have buy-in at every level—from your executive team to physicians, office managers, and clinical staff.

Some ways you can use automation include:

Decision support and workflow logic that uses information about the patient's health, family history, treatment protocols, and best practices.

Medication alerts, preventive care or screening recommendations, and reminders in the patient's record based on their health history, current treatment protocols, etc.

Templates that auto-fill information required during each patient encounter, or prompt physicians on what to include so notes are ready for medical billing without the need for back and forth between your coders and physicians.

Complete integration and seamless data sharing between clinics, geographic locations, and even other EHRs our health information exchanges (HIEs) outside your system.

Claims scrubbing and related clearinghouse services to flag potential errors before submitting claims.

Use of a patient portal for communication, questions, and tasks that take up a huge amount of physician and staff time, like medication refill requests and communicating lab results.

Automatic reporting for quality requirements, such as MACRA, so you don't have to manually sort through data.
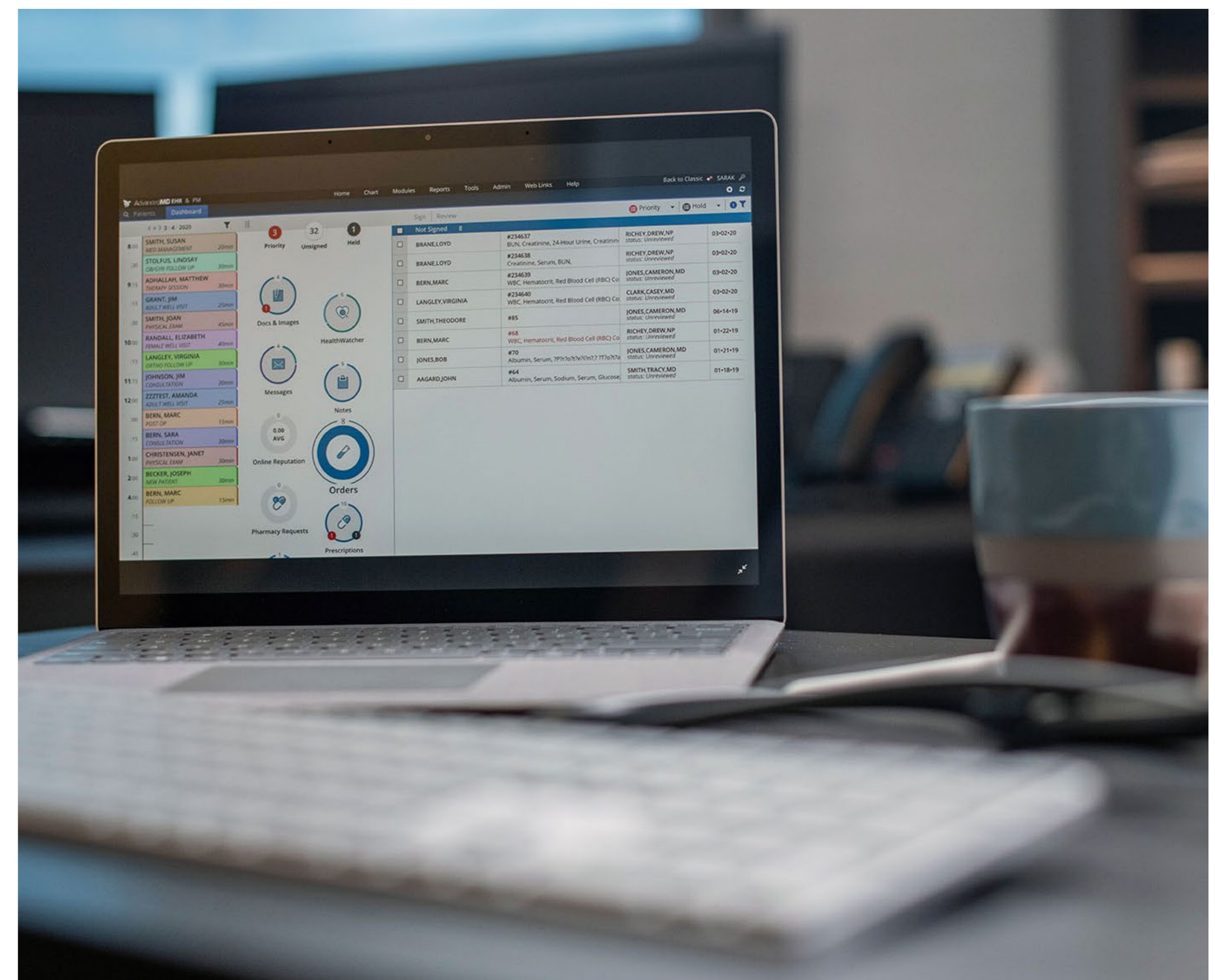
CREATE WORKFLOWS THAT SUPPORT PATIENT CARE

One of the keys to integrating technology successfully into your practice is creating pathways for it to succeed. That means deliberately setting up your EHR and practice management software to work for your team. It also means providing proper training so everyone at your clinic can utilize the system in the way that it is intended.

For example, a particular age group, diagnosis, or even geographic area might be a strong match to benefit from a procedure or service, and staff can reach out with specific invitations and offers through the most efficient means for that patient.

An effective addition to this idea is the mention that if the offer isn't a strong fit for the patient themselves, that they might know family or friends who might benefit and refer them for care.

Best Practice: Solo Practitioner & Small Group Practices

Smaller clinics, especially those with only a solo practitioner or a very small group with fewer than eight practitioners may not have the resources to create and conduct internal trainings.

This usually requires an IT department with employees who specialize in software implementation. However, that doesn't mean it's out of reach for your small practice.

Instead, tap into the resources of your software vendor[9] to set up the workflows that make the most sense based on your practice and patient flow, and utilize their resources to get all your physicians, office manager, and staff properly trained. Many also offer online and on-demand training modules.

You can stagger your staff's training sessions and maintain coverage in your front office and clinic at all times so there's no interruption in patient care.

Best Practice: Medium-size Independent Group Practices

Larger group practices (those with eight or more practitioners) and an internal IT department will need to structure this process differently. Doing it right ensures that everyone within the group practice can provide input and guidance on workflow setup, and gets the proper training to use the EHR and practice management software efficiently.

Create a taskforce with representation from each area of your practice— executives, administrators, physicians, clinical staff, and non-clinical staff. Keep it manageable by designating just one or two people from each area to serve on the committee.

Designate a champion[10] within each clinic, specialty, or location. This person will serve as a liaison with the task force to ensure that everyone completes training and has a go-to representative who can answer questions.

Create a communications plan in advance to keep everyone informed, allow proper time for people to raise concerns or questions along the way, and create official channels for addressing issues they encounter.

Utilize external resources as much as possible (such as on-demand training modules from your software vendor) so you're not constantly reinventing the wheel and putting more work on your task force or internal staff than is necessary.

IMPLEMENT "TOP OF LICENSE" CARE

You've heard it before, but it bears repeating here: one of the best ways to reduce administrative burden on your physicians is ensuring that everyone is working at the top of their license so physicians are only responsible for the things that they alone can do. For example:

Hire a medical scribe[11] to take down all the notes during an exam so the physician only has to review the notes and sign them at the end of the appointment.

Train scheduling staff and front office staff on how to check for common errors in patient records that might delay payment or put someone at higher risk of a medical error, such as missing health history or duplicate patient records (MRNs).

Allow trained and properly licensed clinical staff to assist with medication refills, patient questions, and other things through your patient portal.

SOFTWARE INTEROPERABILITY

Finding software that supports day-to-day operations is essential, but administrators and office managers should also have an eye on the future. Choose software that compiles population health data and reports, shares information seamlessly on health information exchanges (HIEs) allows you to work with other clinical systems to improve patient care, and uses big data in a meaningful way to identify effective treatments or spot red flags. Disjointed and siloed systems are not ready for a future that will emphasize data sharing and interoperability.

ONE FINAL TIP: GETTING EVERYONE ON BOARD

Software implementation and adoption is hard. If the last two decades in medicine have taught us anything it's also that simply have technology available doesn't automatically translate into improvements in patient care, outcomes, and clinical efficiency.

Perhaps one of the most important tasks for an office manager or an administrator is getting everyone in your clinic on board to use your technology to its full potential in ways that actually do improve efficiency.

This is not an easy task, but it helps to have software that actually does make things easier and more efficient. If your current system is cumbersome and difficult, talk to AdvancedMD to learn how we can change that perception in your clinic[12]. We built our system from the ground up with physicians and users in mind. The intuitive interface, simple processes and workflows, and complete integration make it a game-changer for office managers and administrators struggling with burnout from EHRs and other administrative tasks.

References

[1] https://www.hhs.gov/about/news/2020/02/21/hhs-issues-strategy-improve-care-for-patients-by-reducing-clinician-burdens.html | [2] https://www.ama-assn.org/practice-management/sustainability/do-you-spend-more-time-administrative-tasks-your-peers | [3] https://www.medicaleconomics.com/view/whats-ruining-medicine-physicians-paperwork-and-administrative-burdens | [4] https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/burnout/art-20046642 | [5] https://www.medscape.com/slideshow/2020-lifestyle-burnout-6012460#1 | [6] https://dashboard.healthit.gov/apps/health-information-technology-data-summaries.php?state=National&cat9=all+data#summary-data | [7] https://hbr.org/2020/06/its-time-for-a-new-kind-of-electronic-health-record | [8] https://khn.org/news/death-by-a-thousand-clicks/ | [9] https://www.advancedmd.com/company/community/hub/ | [10] https://www.beckershospitalreview.com/hospital-physician-relationships/5-steps-to-reduce-administrative-burden-for-physicians.html | [11] https://www.ama-assn.org/practice-management/sustainability/overlooked-benefits-medical-scribes | [12] https://www.advancedmd.com/medical-office-software/live-demo/

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