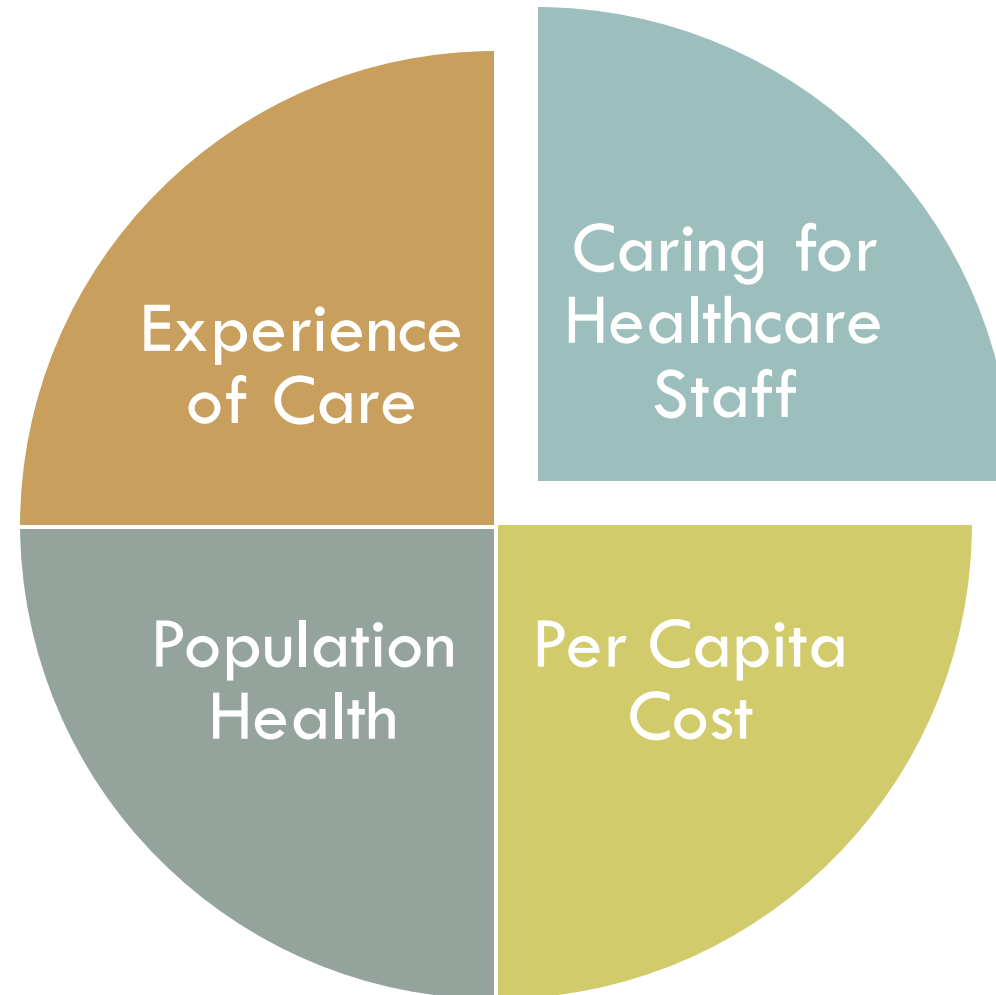


Tackling the Impact of the EHR on Clinician Wellbeing

Minnesota e-Health Summit
June 13, 2019

More time is spent
chasing electrons
and not treating
patients.

WHY WORRY ABOUT BURNOUT?



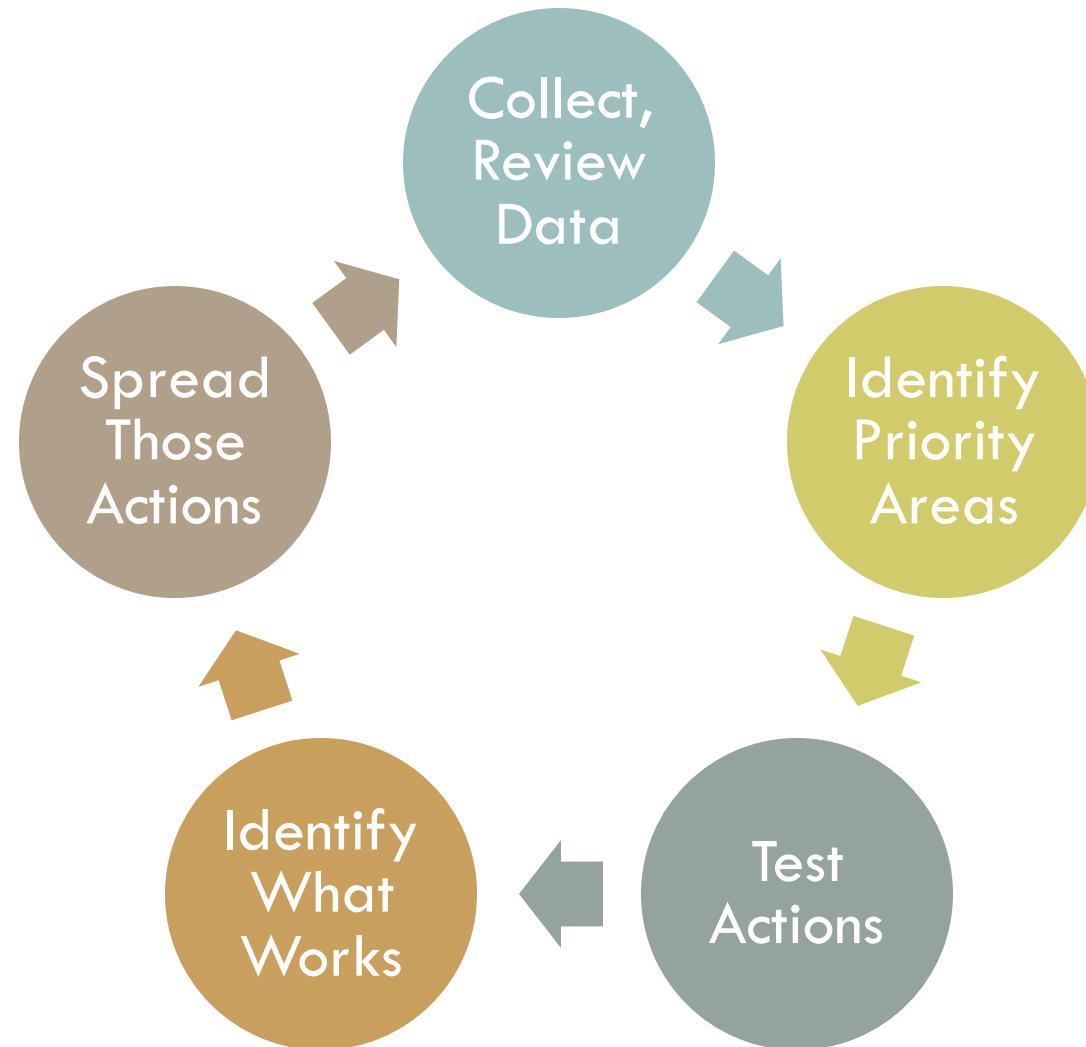
You can't turn back
the clock. Its just a
job now. There is
nothing you can do.

PERSONAL CONSEQUENCES

Burnout is associated with alcohol abuse/dependence and increases in suicidal ideation.

Suicide rates among male physicians are 40% higher than other males; rates among female physicians are 130% higher than other females.

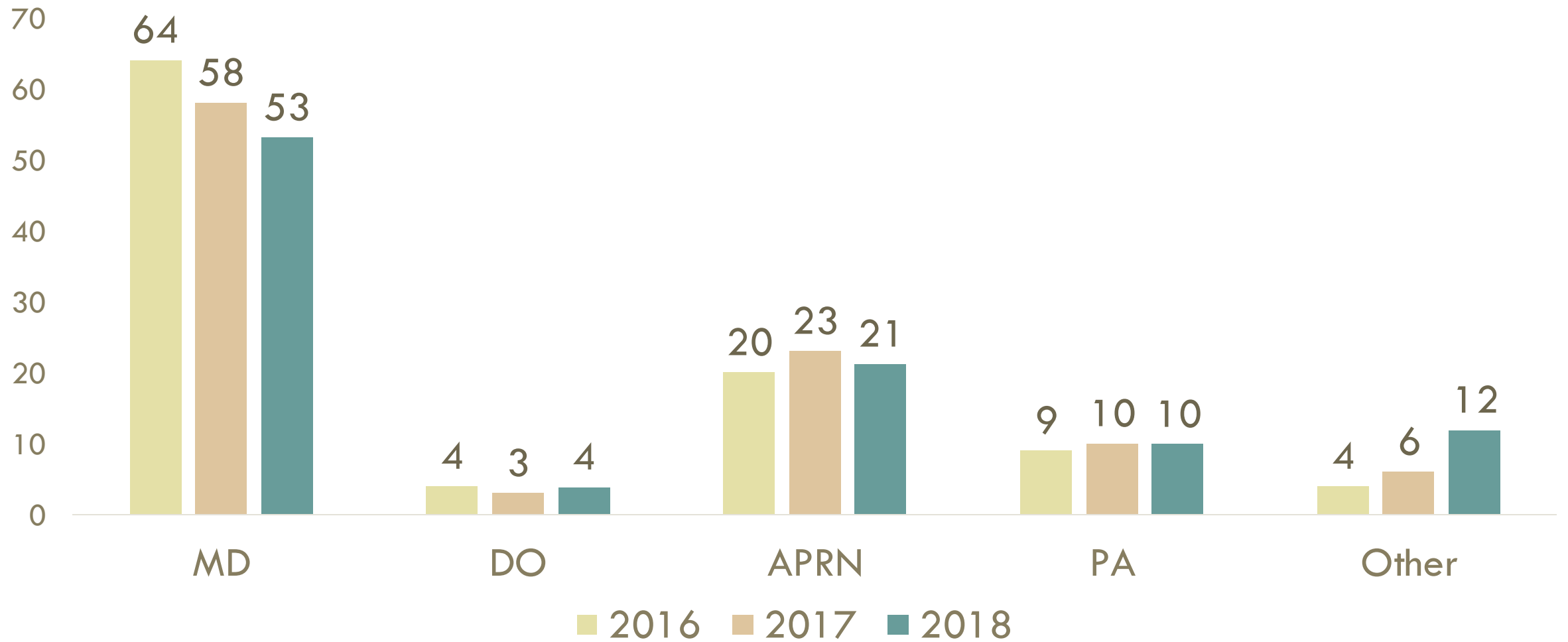
WHAT'S OUR ACTION FRAMEWORK?



STATEWIDE ANALYSIS

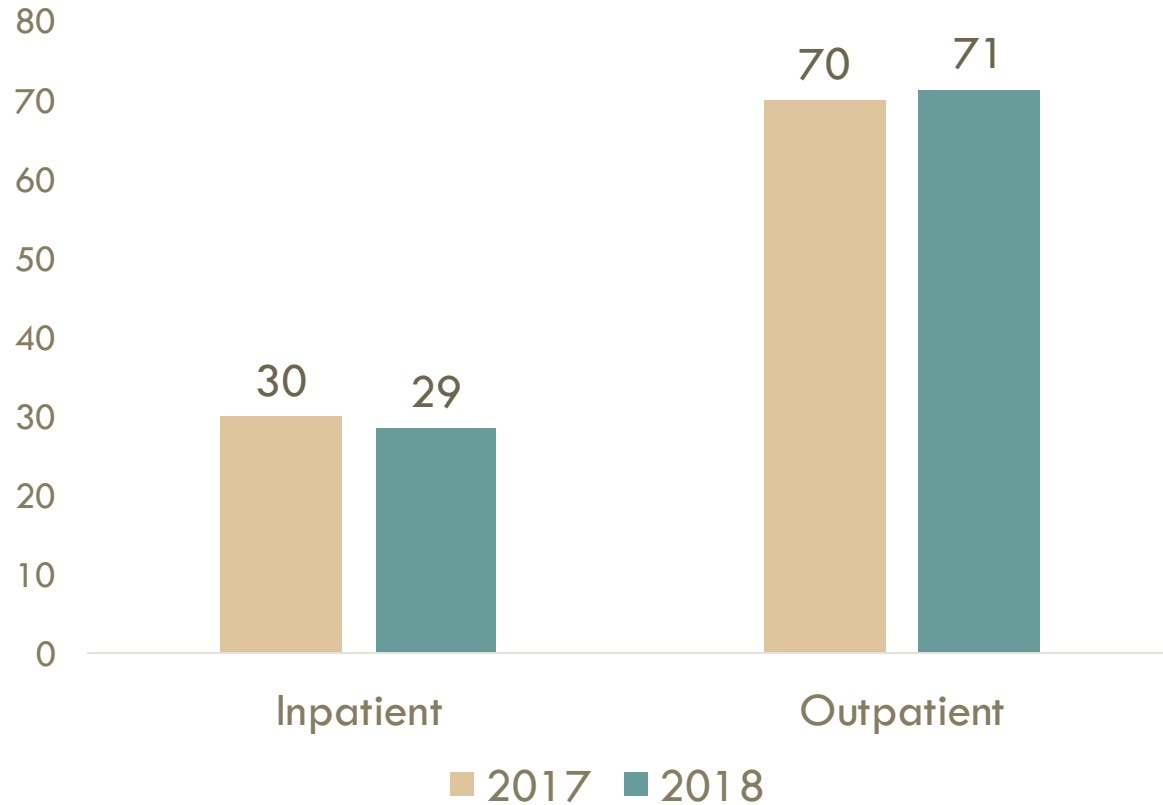
	2016	2017	2018
Systems	56	63	39
Hospitals	104	113	94
Invitations	13,693	19,350	22,111
Responses	5,932	5,631	4,990
Response Rate	43%	29%	23%

TYPES OF CLINICIANS

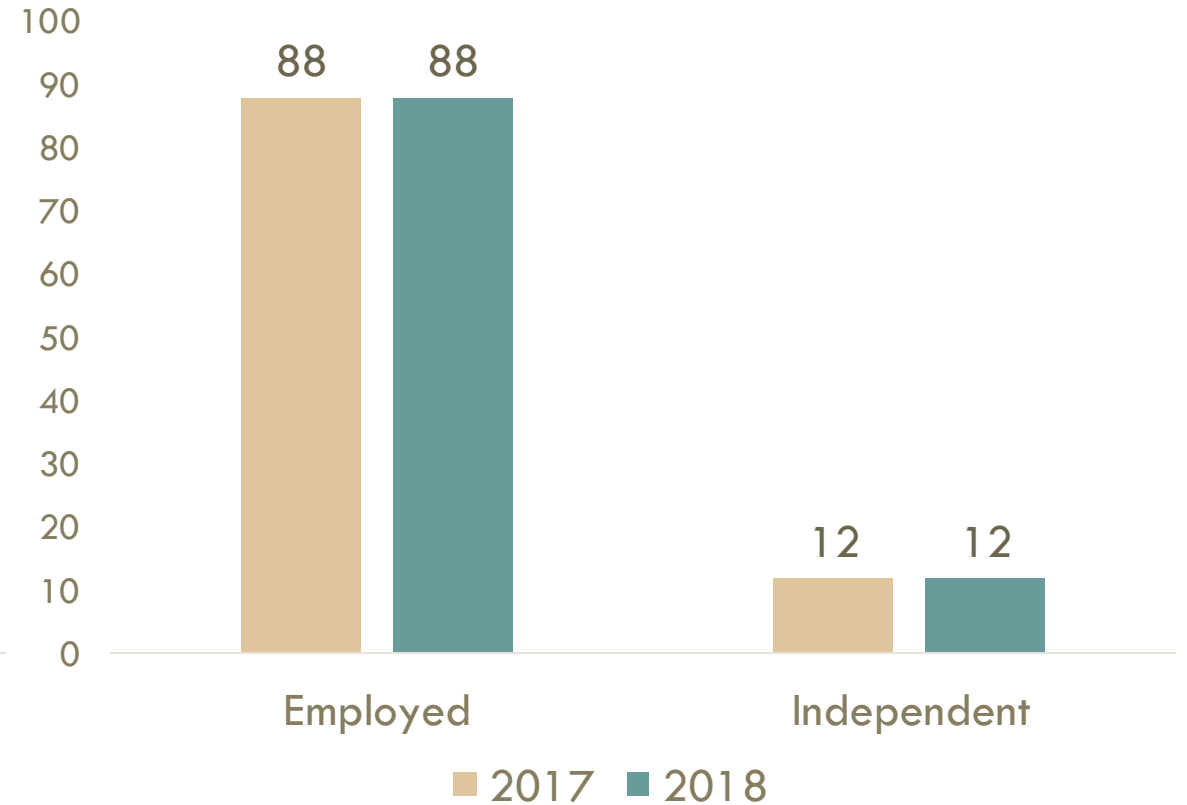


WORK ATTACHMENT

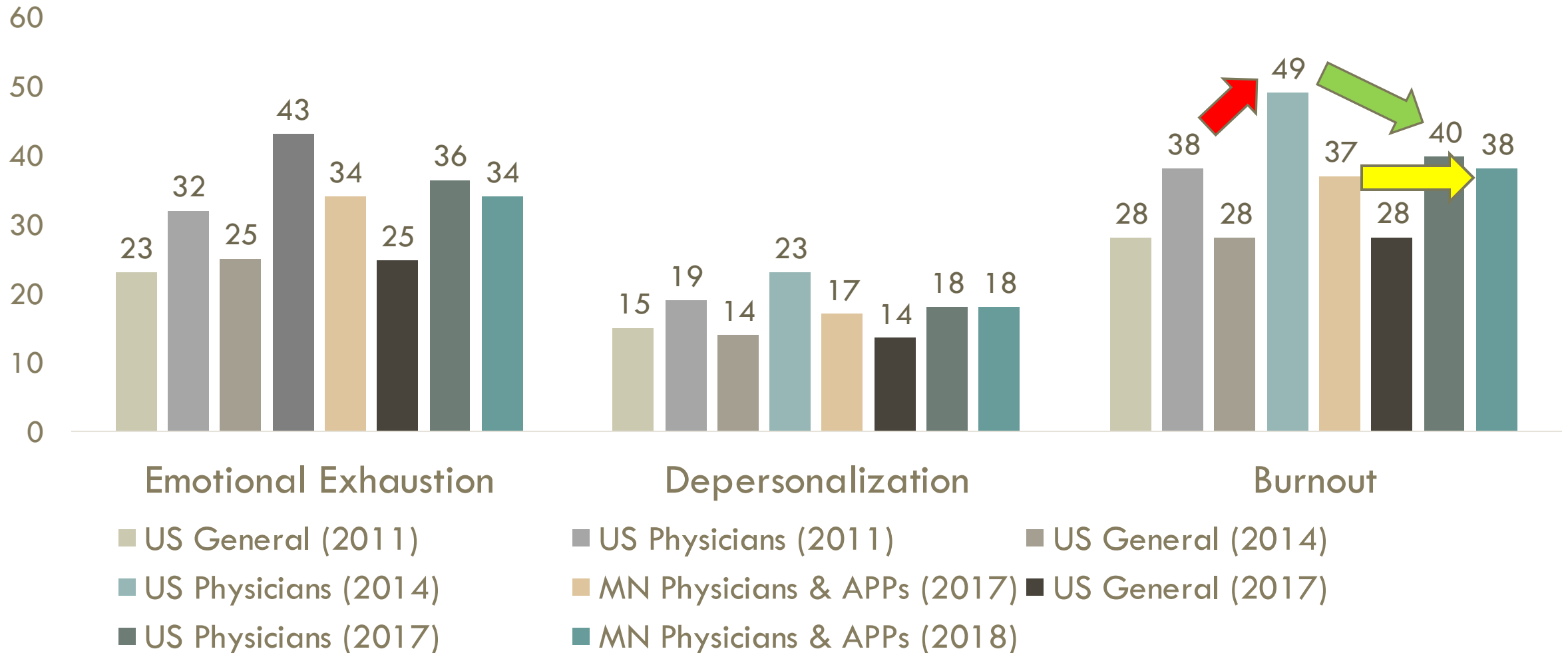
INPATIENT/OUTPATIENT



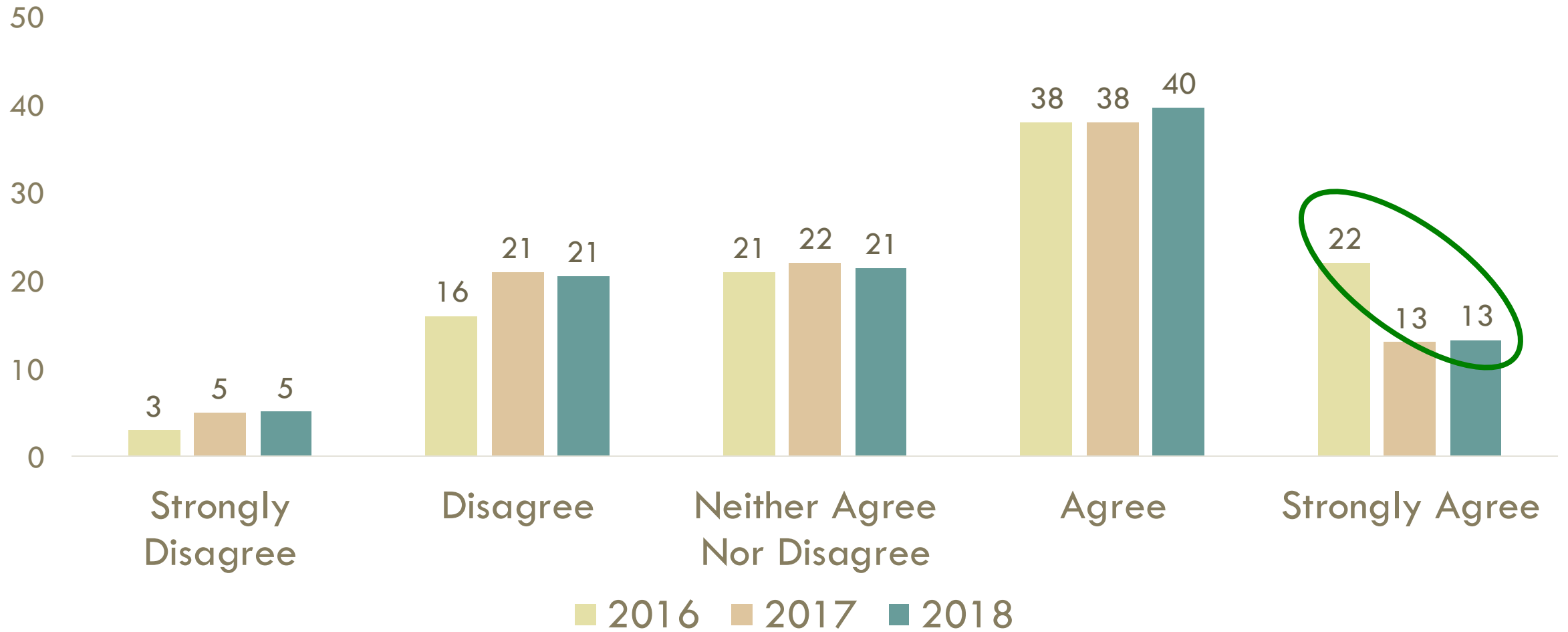
EMPLOYED/INDEPENDENT



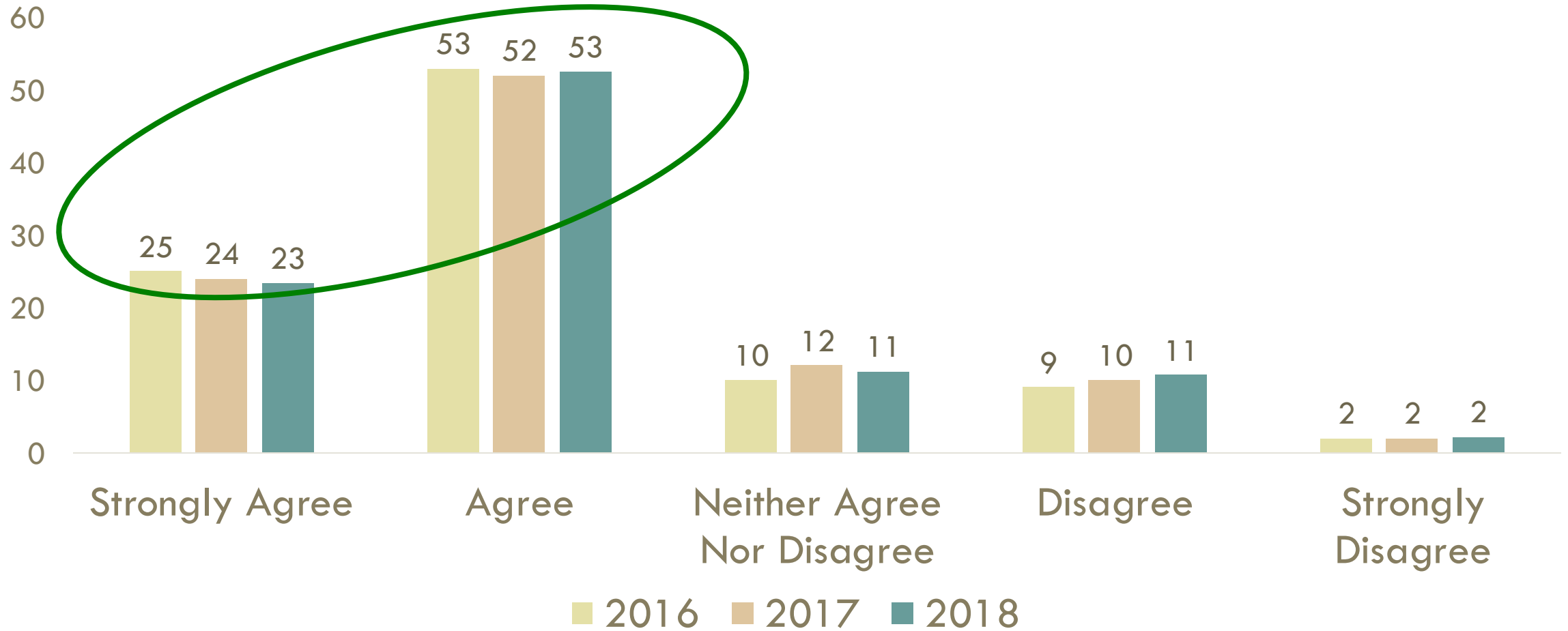
NATIONAL COMPARISONS



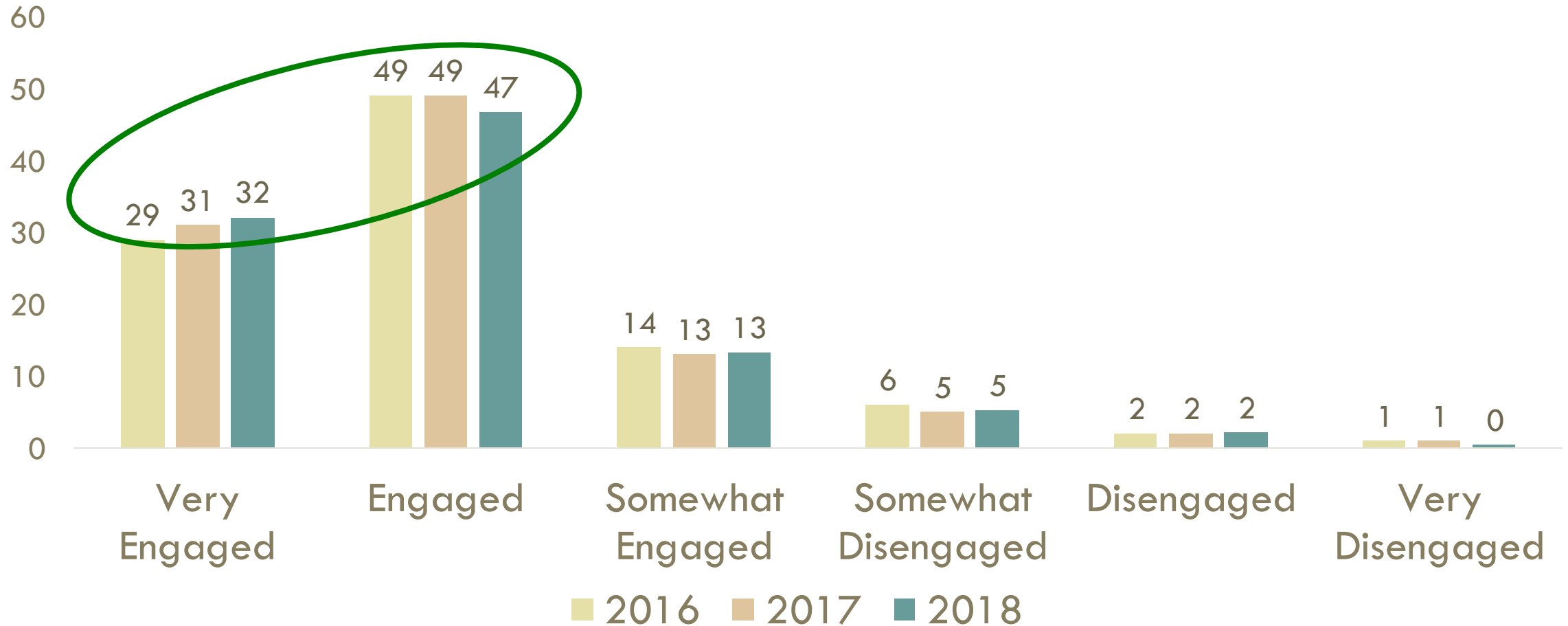
OUTCOME: FEEL GREAT DEAL OF STRESS



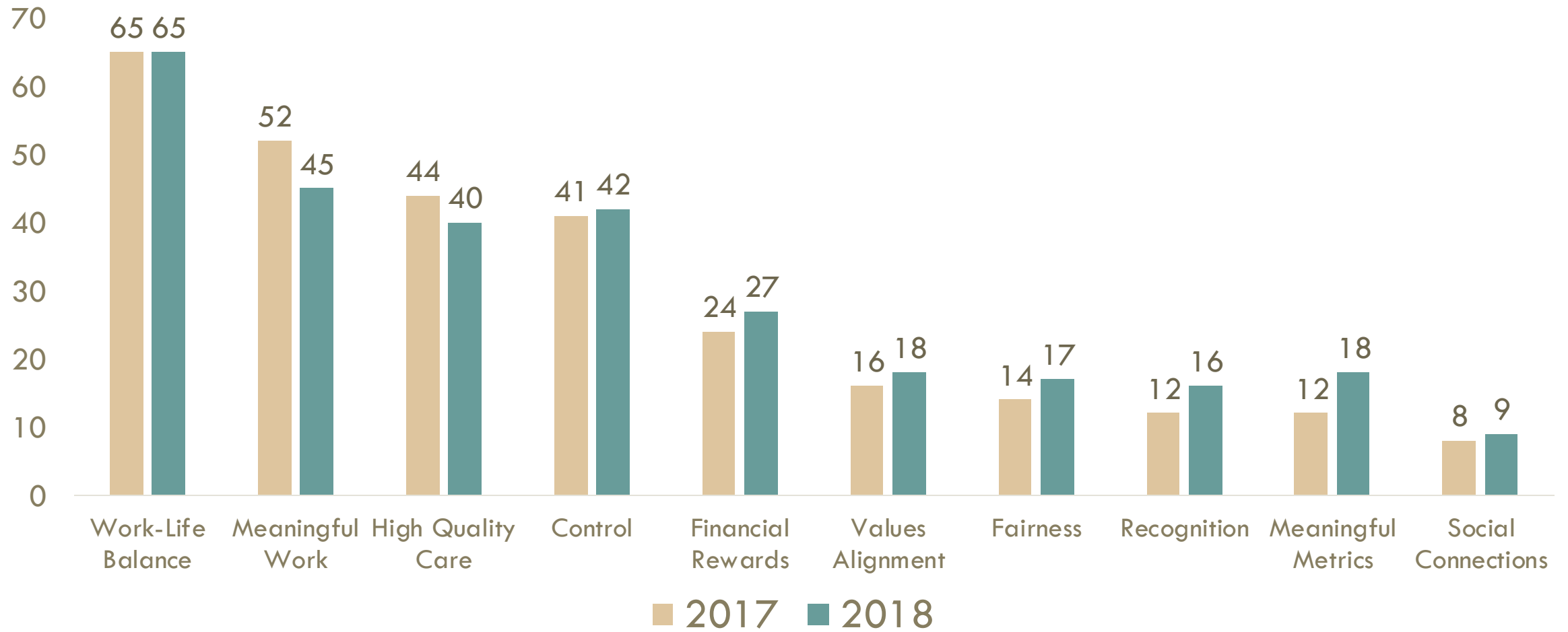
OUTCOME: SATISFIED WITH CURRENT JOB



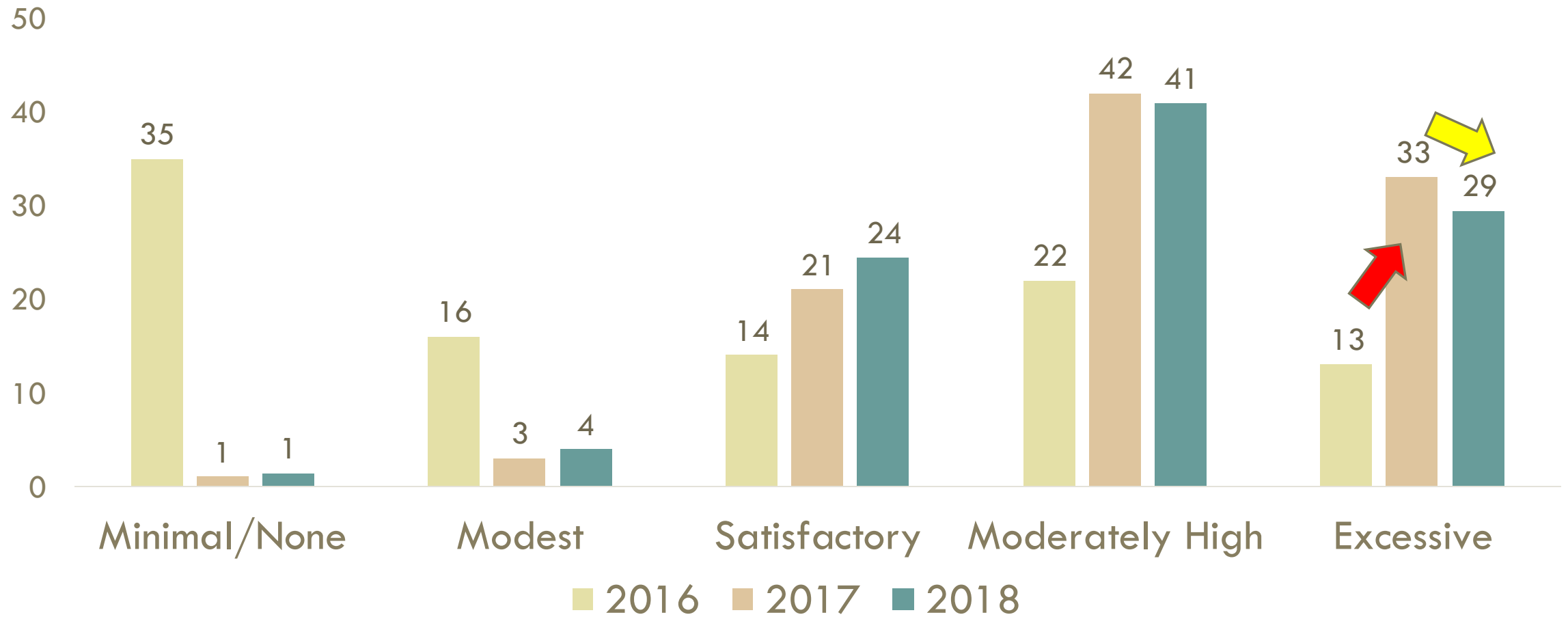
OUTCOME: ENGAGEMENT WITH WORK



THRIVING FACTORS

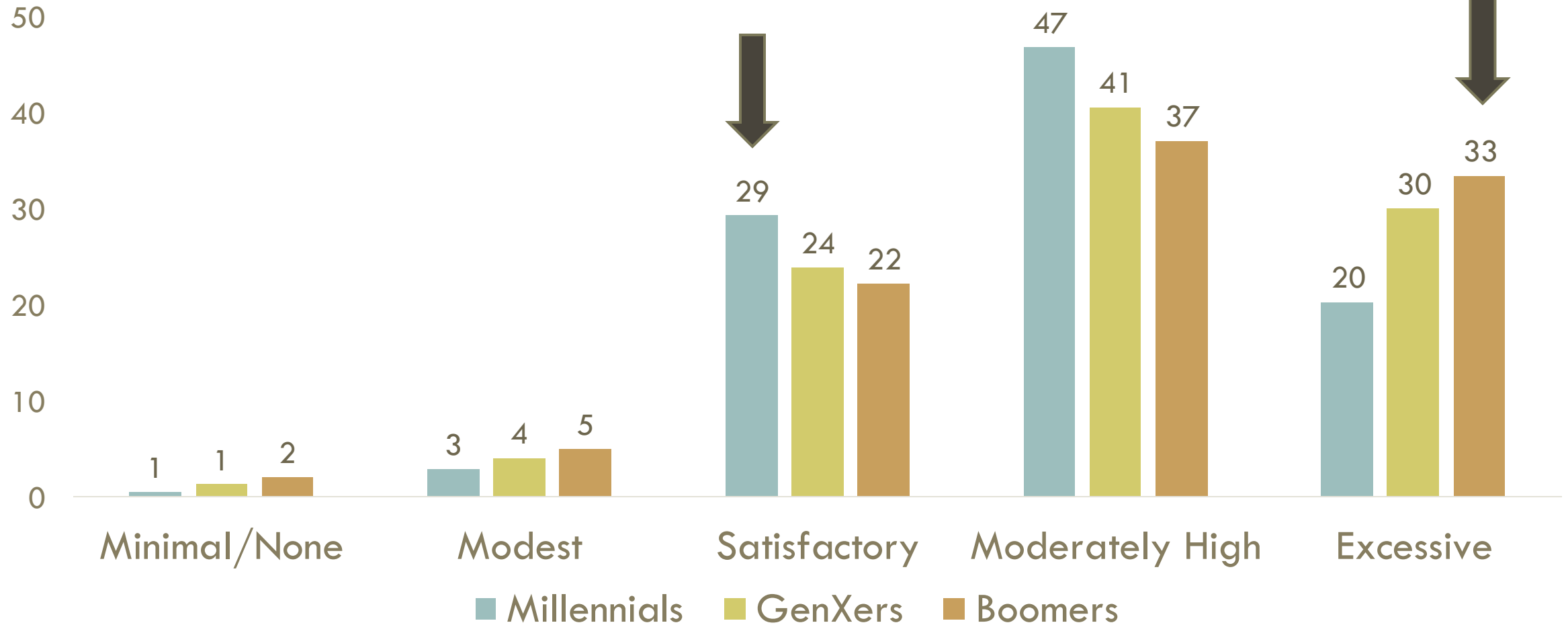


TIME ON THE EHR

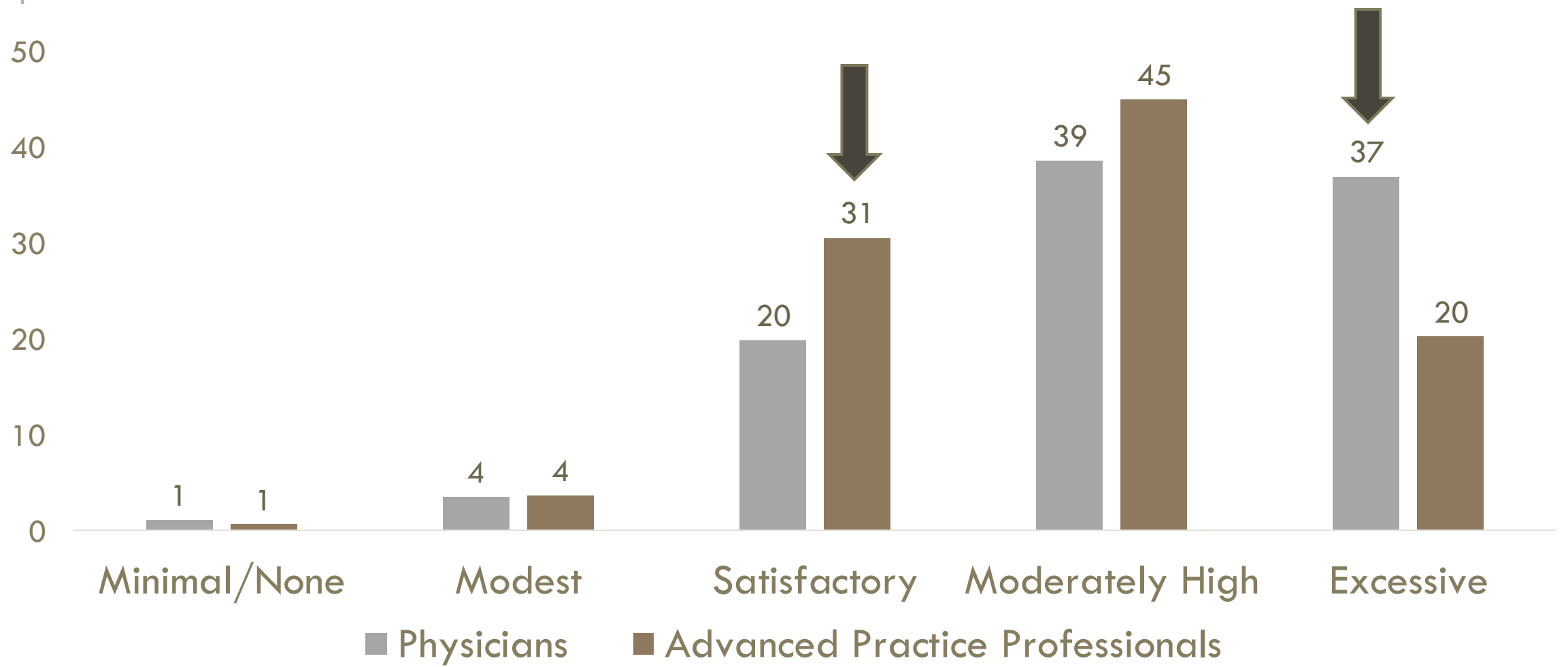


The EMR and documentation is the most annoying part of my job and the part that seems to take up the most time. This is not going to go away. I feel like this needs to be recognized by administration as an entity of the job and "computer time" should be built into our day. For example, for a full clinic day where I typically see 25-30 patients, I will spend 2-3 hours ahead of time (at home, on call, between surgeries some other day) prepping my charts. I then chart all through my lunch break and stay several hours after I am finished seeing the patients until I am finished with all of my charts. Usually I do not go home until 6:30-7 pm. So I'm not sure how to make that better, but maybe I shouldn't be expected to see so many patients in one day? Then maybe I could be home for dinner with my family.

TIME ON EHR X AGE GROUP (2018)



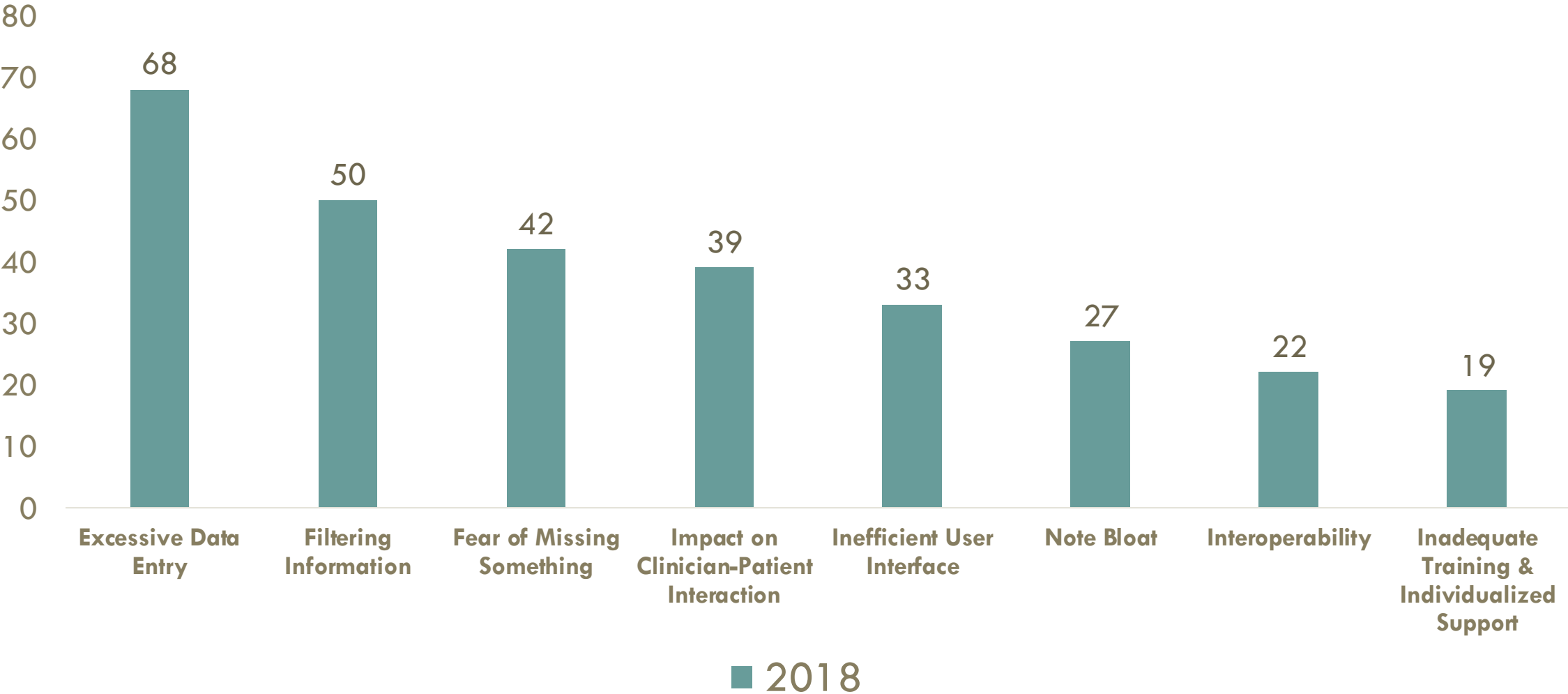
TIME ON EHR X CLINICIAN (2018)



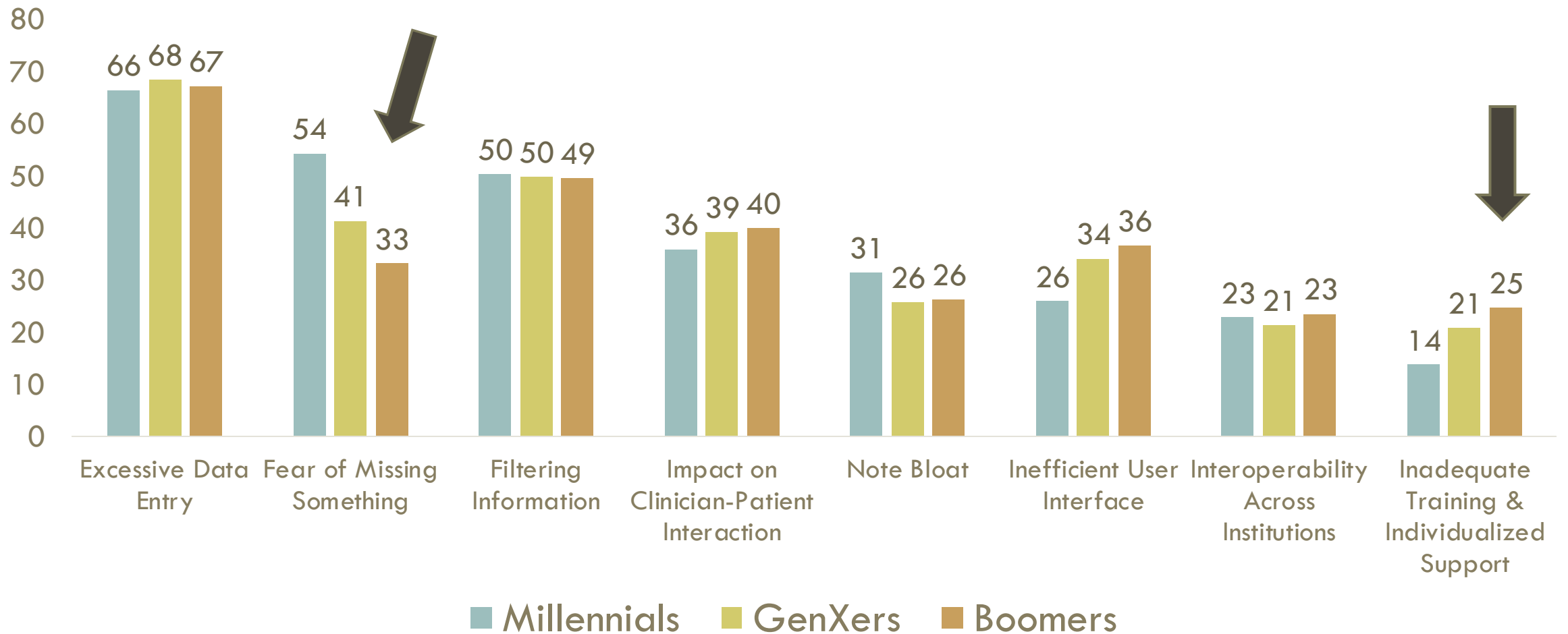
TIME ON EHR X ATTACHMENT (2018)



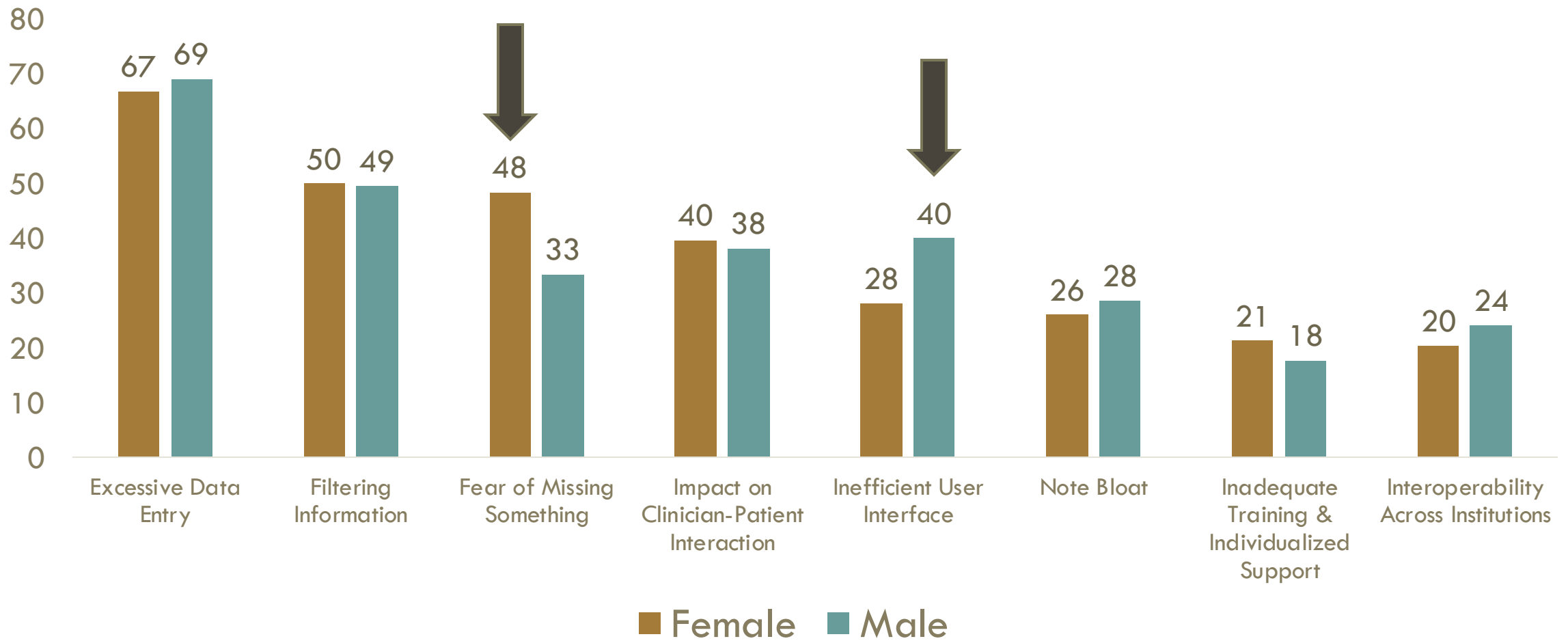
CHALLENGING ASPECTS OF THE EHR



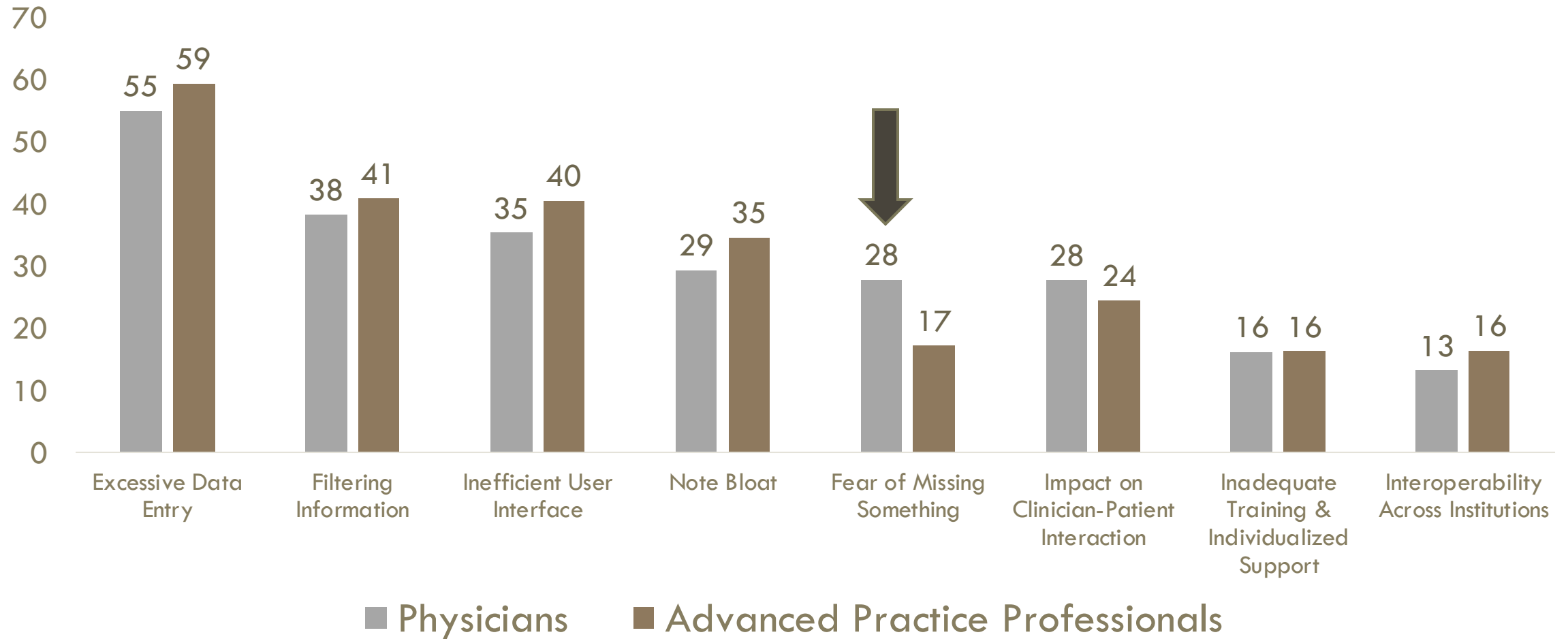
CHALLENGING FACTORS X AGE GROUP



CHALLENGING FACTORS X GENDER



CHALLENGING FACTORS X CLINICIAN





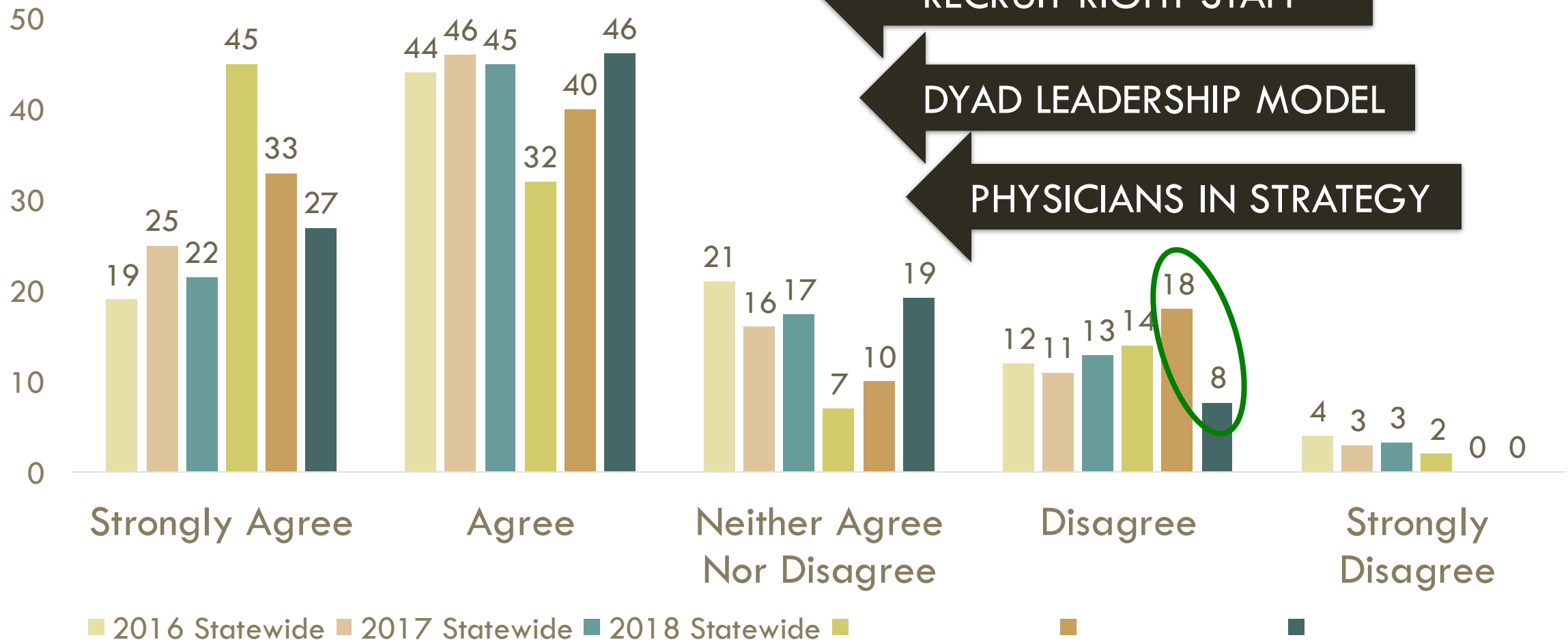
So... is it
working?

VALUES ALIGNMENT: MID-SIZE SYSTEM

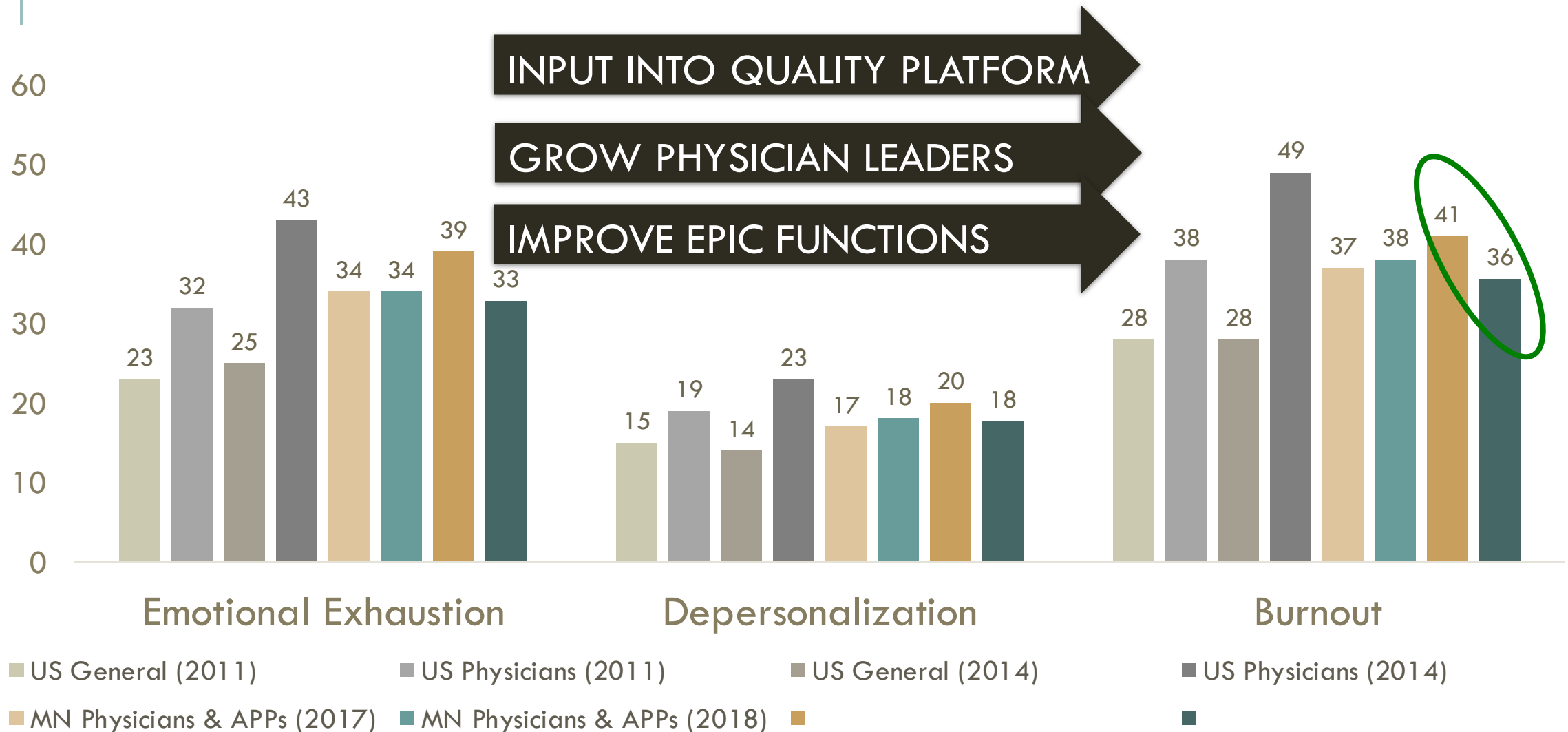
← RECRUIT RIGHT STAFF

← DYAD LEADERSHIP MODEL

← PHYSICIANS IN STRATEGY



BURNOUT: LARGE SYSTEM



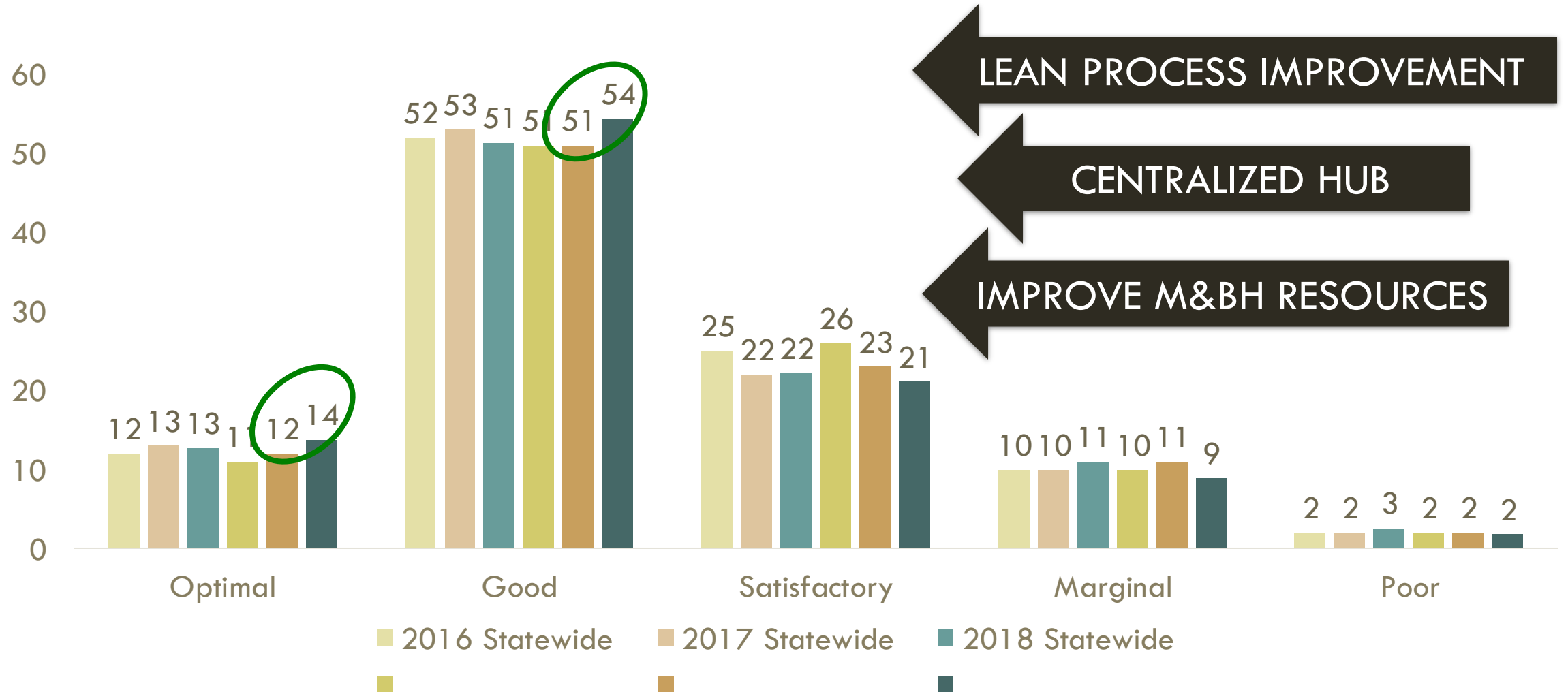
CARE TEAM EFFICIENCY: SMALL SYSTEM



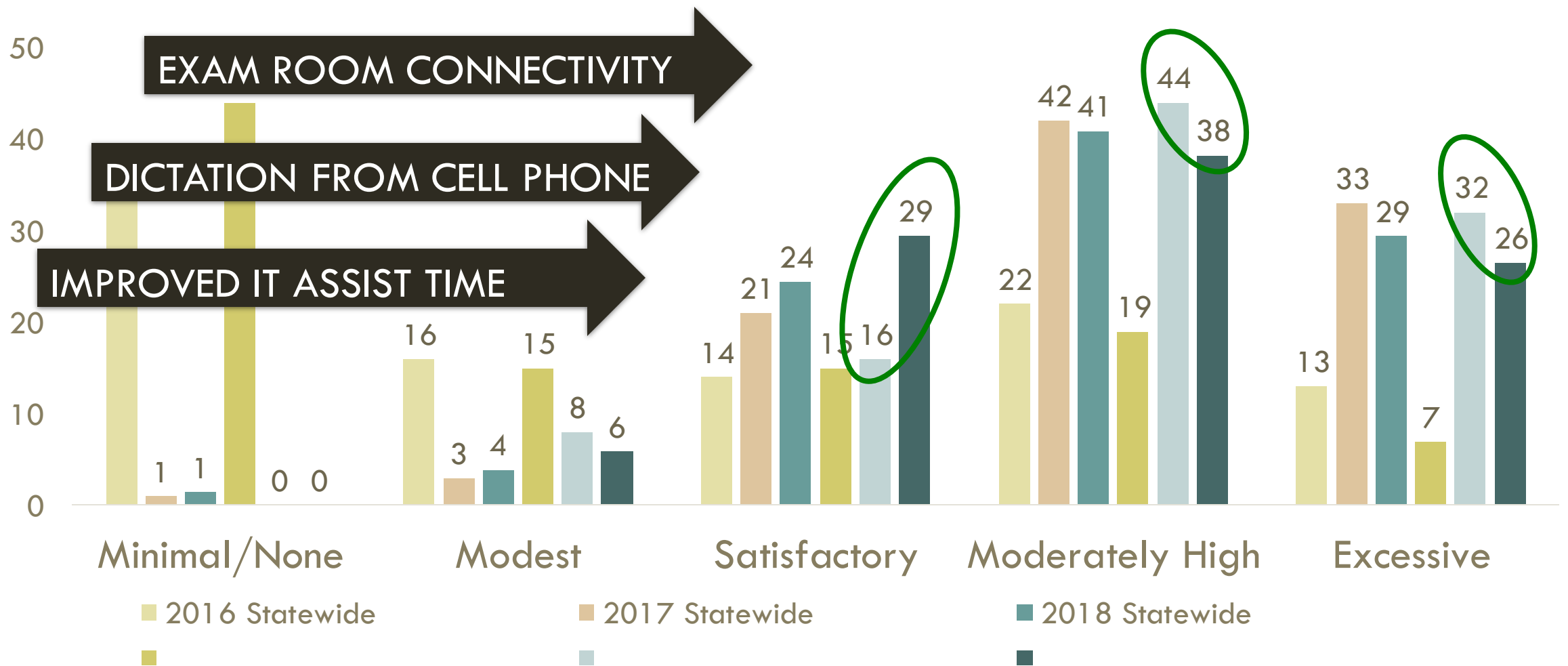
← IMPROVE CLINIC FLOW

← ON SITE IT RESOURCES

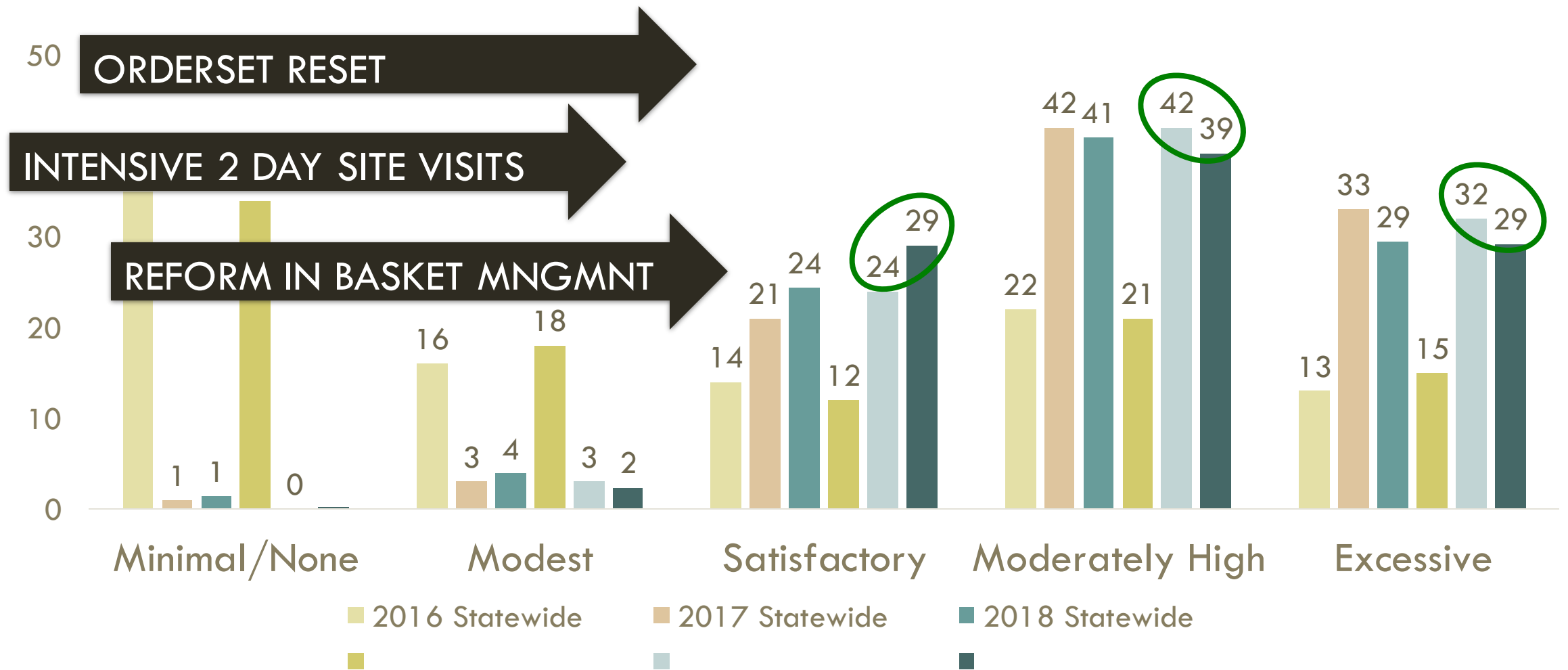
CARE TEAM EFFICIENCY: LARGE SYSTEM



TIME ON EHR: SMALL SYSTEM



TIME ON EHR: LARGE SYSTEM



QUESTIONS/DISCUSSION