How Physicians Can Save 56 Hours Per Year

To the Editor:

Modern health care delivery, especially in primary care, has become increasingly complex. As the system has migrated from paper records to electronic health records (EHR), many benefits and unintended consequences have been noted. While adoption of the EHR has led to better organization of huge amounts of data, it also has resulted in a significant number of new tasks that add little, if any value to the clinician-patient encounter.

Primary care clinicians perform a significant number of tasks and processes within the context of a typical patient encounter. These include accessing the patient's chart securely, placing orders, reviewing data, reviewing health maintenance recommendation status, documentation of the visit, and coding/billing for the visit. It is currently estimated that primary care clinicians spend as much as 75% of their time related to a patient visit doing non—face-to-face tasks.[1] These activities often are considered low or no value to the encounter by clinicians and have led to a dramatic increase in physician burnout and frustration, as well as patient, staff, and clinician dissatisfaction. But fixing these problems often seems overwhelming to organizations.

One way to address inefficiencies in the processes is to apply industrial and systems engineering approaches by documenting current workflow processes in a primary care clinician's day. Using a "new eyes" approach, once the processes are documented and analyzed, wasteful (low or no value) steps can be identified using LEAN methods and either eliminated or made more efficient. In prioritizing projects, one can choose either complex, multistep processes and reduce the number of steps or choose less complex, fewer-step processes and reduce the number of times the process needs to be performed.

SSM Health Dean Medical Group, based in Madison, Wisconsin, performed a pilot focusing on reducing the number of double validation sign-ins a clinician must perform each day to access a patient's chart. The pilot involved implementing Single Sign-On/"tap and go" technology for clinicians at a primary care site as well as pain management and neurosurgery clinics.

Before the pilot, clinicians at SSM Health Dean Medical Group had to log in with a username and a password any time they accessed a patient's chart. The password must be changed every 90 days for security reasons. On average, primary care clinicians log in 81 times per day, taking 7 to 12 seconds per login. Approximately 24 times per day, clinicians "misfire" or type the entry incorrectly, requiring that they repeat the sign-in process. As might be expected, there are more misfires in the days and weeks following a change in password.

SSM Health worked with Imprivata to implement technology allowing the clinician or staff to sign in with double verification at the beginning of each half-day session, instead of each time they accessed the patient's chart. After the initial double verification sign-in, the clinician or staff taps their ID badge on a reader next to any computer in the department. The new procedure takes 1 to 2 seconds to perform. Thus, the number of manual sign-ins with the new technology has decreased from 125 sign-ins to 2 per full day.

Once implemented, the results of the pilots were dramatic. Using 10 seconds as the average sign-in time, going from 125 sign-ins per day to two resulted in a time savings for the average clinician of 17 minutes per day, which is 76.5 minutes per week (assuming 4.5 days of in clinic time per week), and 56 hours per year (assuming 44 weeks worked per year). Again, this savings is per person.

Following the pilot, SSM Health recommended spreading the technology across the 4 states where it provides services. Once completely implemented, it is anticipated that the increase in physician satisfaction will be significant.

In summary, SSM Health Dean Medical Group piloted a new workflow using Single Sign-On/"tap and go" technology that resulted in huge projected time savings for physicians and staff, as well as improved satisfaction. This represents an obvious win-win situation.

—Philip A. Bain, MD, Madison, Wis

REFERENCES

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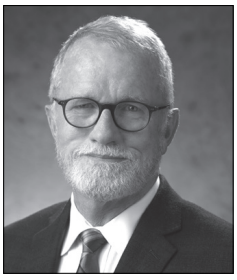

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