

Novel Metrics for Improving Professional Fulfillment

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Measurement abounds. Indeed, many ambulatory care providers feel besieged by the financial, quality, and service metrics that pervade their professional lives. Relatively new to this landscape are measurements from the electronic health record (EHR), which include practice efficiency scores that create a window on the clinician's workflow. In this article, we propose a set of EHR-related metrics that provide further insight into the clinician experience.

The EHR, which was intended to improve patient care, has had the ironic and unintended consequence of impairing practice efficiency, largely because of poor design, a focus on regulatory reporting, and the burden placed on clinicians by data entry (1). These problems can be addressed with better designs, new technologies, and better use of other members of the clinical team, which would in turn improve provider satisfaction (2), particularly for front-line clinicians who are experiencing high levels of burnout.

Burned-out clinicians may provide suboptimal care, which is one of several reasons it should be prevented (3). In addition, other industries that have invested in employee fulfillment have seen benefits to customer satisfaction and profitability (4, 5). In a landscape where many physicians show signs of burnout (6), EHR-related metrics that value the provider's experience could measure new outcomes for clinical care.

NEW PRACTICE METRICS

New metrics are needed to measure EHR use. We propose the following 6 categories: Work After Work, Click Counts, Teamwork, Being Present, Fair Pay, and Regulatory Balance.

Work After Work

Work After Work captures the hours a clinician spends logged into the EHR during evenings, weekends, and vacations. This measure highlights one of the main work-life balance issues associated with EHR use (7).

Click Counts

Click Counts tracks the number of clicks per day or the number of clicks needed to accomplish common workflow tasks. This measure could guide local changes, such as badge login in place of keyboard login or identification of optimal pathways for high-volume tasks. Usability is a key criticism of the EHR, and this metric is an objective measure that could drive improvements by vendors, who might compete to offer products requiring the fewest clicks.

Teamwork

Teamwork-related measures track the ratio of staff-entered to physician-entered EHR tasks, such as prescriptions, documentation in visit notes, inbox messages, and orders. These metrics would identify how

well tasks are distributed to the appropriate care team roles.

Being Present

Being Present metrics capture rates of visits that include assistance with EHR documentation, order entry, and chart review. These measures emphasize the importance of the personal connection between the physician and the patient because these EHR tasks compete for physician attention during a visit.

Fair Pay

Fair Pay metrics track uncompensated EHR work, such as answering patient e-mails, providing medication refills, and managing patient-generated health data (8). These highlight EHR-related administrative work that creates value for patient care.

Regulatory Balance

Regulatory Balance measures pay-for-performance-related EHR clicks or billing-related EHR documentation. These call attention to the regulatory effect on practice captured in the EHR.

CONCLUSIONS

We measure what we value. Many of us value the intrinsically motivating aspects of patient care, which include trusting relationships between physicians and patients and time outside of work for clinicians to have personally fulfilling interests. If we truly value these aspects of care, as we claim, then we should measure them.

The novel EHR-related metrics we propose will help capture facilitators of and impediments to professional fulfillment. If our metrics work the way we hope, they can help us achieve our goal, which we call "joy in practice." A recent survey found disagreement between organizational leadership and practicing clinicians around professional goals such as this one (9). We believe that our metrics will identify the burdens of inefficient practice so administrators and clinicians can work together to improve professional fulfillment. Our metrics may also help researchers identify how EHR interaction affects care delivery and patient outcomes.

These metrics can improve our understanding of the work environment, which includes the EHR, and can be used as tools to improve workflow, teamwork, and regulatory relief. We think it is reasonable for clinicians to trust that these metrics will be used to improve the work culture rather than simply to increase productivity. To develop that trust, clinicians should take ownership of these metrics and lead the way in developing and implementing them. For example, a national advisory council of clinicians might propose new EHR metrics, prioritize them, and create guidelines to address issues of privacy and other concerns.

We believe that health system leaders, regulators, payers, and information technology vendors should provide our increasingly overburdened physicians with adequate support and usable tools. The cost of replacing a single departing physician may exceed \$1 million (10); as a result, health systems are highly motivated to retain these valuable clinicians. Imagine if physicians looking for a new practice could compare Work After Work, Click Counts, Teamwork, and Being Present metrics across their potential employers.

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