



FINISH CHARTING FASTER

From Mindset to Practice, Optimizing Charting for Wellness

Ryan Stegink, MD, Pediatrician, Certified Life Coach

DISCLOSURES

- I have no relevant financial disclosures

OBJECTIVES

- At the end of this talk, you will be able to...
- Evaluate the evidence around EMR usage, wellness, and burnout in medical professionals
- Formulate a personal plan with productivity and mindset tools to improve wellness
- Describe next steps you could take to continue to advance your charting skills and mindset

**IT HAD BEEN
A PRETTY TYPICAL WEEK**

**ONE OF THE WORST
DAYS OF MY LIFE...**

HOSPITALIZATION
SUPPORT OF FRIENDS, FAMILY

**COLLEAGUES AND WORK TEAM
COVER PATIENTS AND
PAPERWORK, BUT...**

**THEY CAN'T SIGN ANY CHARTS
FOR ME...**

**GRADUATED PEDIATRICS
RESIDENCY**

FROM RESIDENT TO ATTENDING

PRODUCTIVE, SUCCESSFUL...

BUT...

**DOING CHARTS...
AT HOME, EVENINGS,
WEEKENDS...**

EXHAUSTION...

TIME FOR A CHANGE...

BURNOUT...

62% OF PHYSICIANS
EXPERIENCING **BURNOUT**

BURNOUT

- 1970s - Freudenberger
- early 1980s - Maslach and Jackson

- **Maslach Burnout Inventory**
 - Emotional exhaustion
 - Depersonalization
 - Lack of self-efficacy (decreased sense of personal accomplishment)

THE SCIENCE OF HEALTH CARE WORKER BURNOUT

- 2021 Literature review by Rehder et al. "The Science of Health Care Worker Burnout"
- **Burnout**
 - "The impaired ability to experience the restorative effects of positive emotions"
 - Positive emotions interrupted by new or increasing demands --> Less well-being
 - COVID-19 pandemic - increased demands
 - Growing charting and paperwork - increasing demands
- **Resilience**
 - state of being able to cope and recover from psychological insults
 - Driven by individual level and organizational level factors/interventions

EFFECTS OF BURNOUT

- 2021 Literature review by Rehder et al. "The Science of Health Care Worker Burnout"
- Job dissatisfaction
- Intent to leave profession
- Intent to leave current job
- Poor sleep
- Poor interpersonal relationships
- Poorer immune function
- Depression and suicide

CULTURE OF MEDICINE

- More and more employed physicians
- Private practices being acquired
- Introduction of EMRs
- Still are private practices, but the landscape is different than before
- Things aren't the same as 20-30 years ago...

TRIPLE AIM

- Triple Aim - (Berwick et al. 2008)
 - Experience of care (quality and patient satisfaction)
 - Health of population
 - Reducing per capita costs
- More emphasis on access over continuity, same day scheduling, telemedicine, standardizing schedules, metrics, dashboards...

OPERATIONALIZING QUADRUPLE AIM

- **Quadruple Aim** (Bodenheimer and Sinsky 2014)
 - Triple Aim AND...
 - Goal of **improving work life** of health care providers, including clinicians and staff
- Both organizational level (systems issues) and individual level changes needed

7 DRIVERS OF BURNOUT VS. ENGAGEMENT

- 2017 "The Business Case for Investing in Physician Well-being" - Tait Shanafelt, MD; Joel Goh, PhD; Christine Sinsky, MD
- workload
- efficiency
- flexibility and/or control
- culture and values
- work-life integration
- community at work
- meaning in work

EHR AND WELLNESS

- Work-life balance or integration
- EHR usage and wellness literature

EHR USABILITY

- 2020 survey of physicians by Melnick et al.
- Compared EHR usability to other common technologies
- Standardized metric of technology usability
- Google search - grade A - easy to use, intuitive
- EHR systems in general - grade F
- "A strong dose-response relationship between EHR usability and the odds of burnout was observed."

EHR USAGE

- 2017 retrospective cohort study by Arndt et al
- 142 primary care family physicians
- Spent 6 hours of an 11 hour workday on the EHR, with nearly 1.5 hours at home
- Direct time-motion observations validated the EHR-event log data

EHR USAGE

- 2016 study by Sinsky et. al
- Observational time and motion study in ambulatory clinic with self-reported after hours activities
- Measurements
 - Direct clinical face time (with patient, face to face communication with staff)
 - EHR and desk work (documentation, review, test results, med orders)
 - Administrative tasks (insurance, scheduling)
 - Other Tasks (closed to observation, meetings, huddles, education, rebooting EHR, eating, other personal breaks)
 - Self-reported after-hours work

EHR USAGE

- For every 1 hour of direct clinical face time...
 - *Within the each clinic day*
 - Almost 2 additional hours spent on EHR and desk work
 - *Each night on personal time*
 - 1-2 hours of additional computer and other clerical work

1 HR PATIENT CARE : 2 HOURS EHR AND DESK WORK

+

1-2 HOURS PERSONAL TIME EACH EVENING

EHR FACTORS ASSOCIATED WITH BURNOUT

- 2021 systematic review (Yan et. al) of prior observational studies
- EHR factors associated with higher rates of provider burnout...
 - Insufficient time for documentation (OR 1.40-5.83)
 - High inbox or patient call message volumes (OR 2.06-6.17)
 - Negative perceptions of EHR by providers (OR 2.17-2.44)
- Only selected articles using objective measure of burnout
- Did not find association burnout for EHR usage after hours or at home, but...

PREDICTORS OF EHR-RELATED WELL-BEING

- 2021 Systematic review Nguyen et al.
- Predictors of EHR-related well-being among physicians
 - Total EHR time
 - After-hours EHR time
 - On-site EHR support
 - Perceived EHR usability
 - Inbasket burden
 - Documentation

EHR EFFECTS ON WORK-LIFE BALANCE AND BURNOUT

- 2017 article by Robertson et al
- Survey study among primary care residents and faculty physicians in 19 primary care programs
- Burnout, work-life balance satisfaction and EHR use

EHR EFFECTS ON WORK-LIFE BALANCE AND BURNOUT

- 2017 article by Robertson et al
- 585 of 866 surveys completed (68%)
- 37% reported 1 or more symptoms of burnout
- 53% reported dissatisfaction with work-life balance
- 85% reported EHR affected work-life balance

EHR EFFECTS ON WORK-LIFE BALANCE AND BURNOUT

- 2017 article by Robertson et al
- If more than 6 hours weekly after hours in EHR work...
 - More likely to report burnout, OR = 2.9 (95% CI 1.9-4.4)
 - More likely to attribute burnout to EHR, OR = 1.9 (95% CI 1.9-8.2)
 - Less likely to report work-life balance satisfaction, OR 0.33 (95% CI 0.22-0.49)
 - More likely to attribute work-life balance satisfaction to EHR, OR 3.7 (95% CI 2.1-6.7)

PERCEIVED EHR VALUE AND BURNOUT

- 2022 study Livaudais et al.
- Survey of primary care and subspecialty clinicians at 3 institutions
- 281 responded (44% overall response rate)
- Burnout screen + opinion on EHR impact on quality, cost, efficiency of healthcare
- Burnout negative (55% of respondents) - more likely to indicate EHR has positive impact on both quality ($p=0.0025$) and efficiency ($p=0.0003$) relative to burnout positive

UNINTENDED CONSEQUENCES

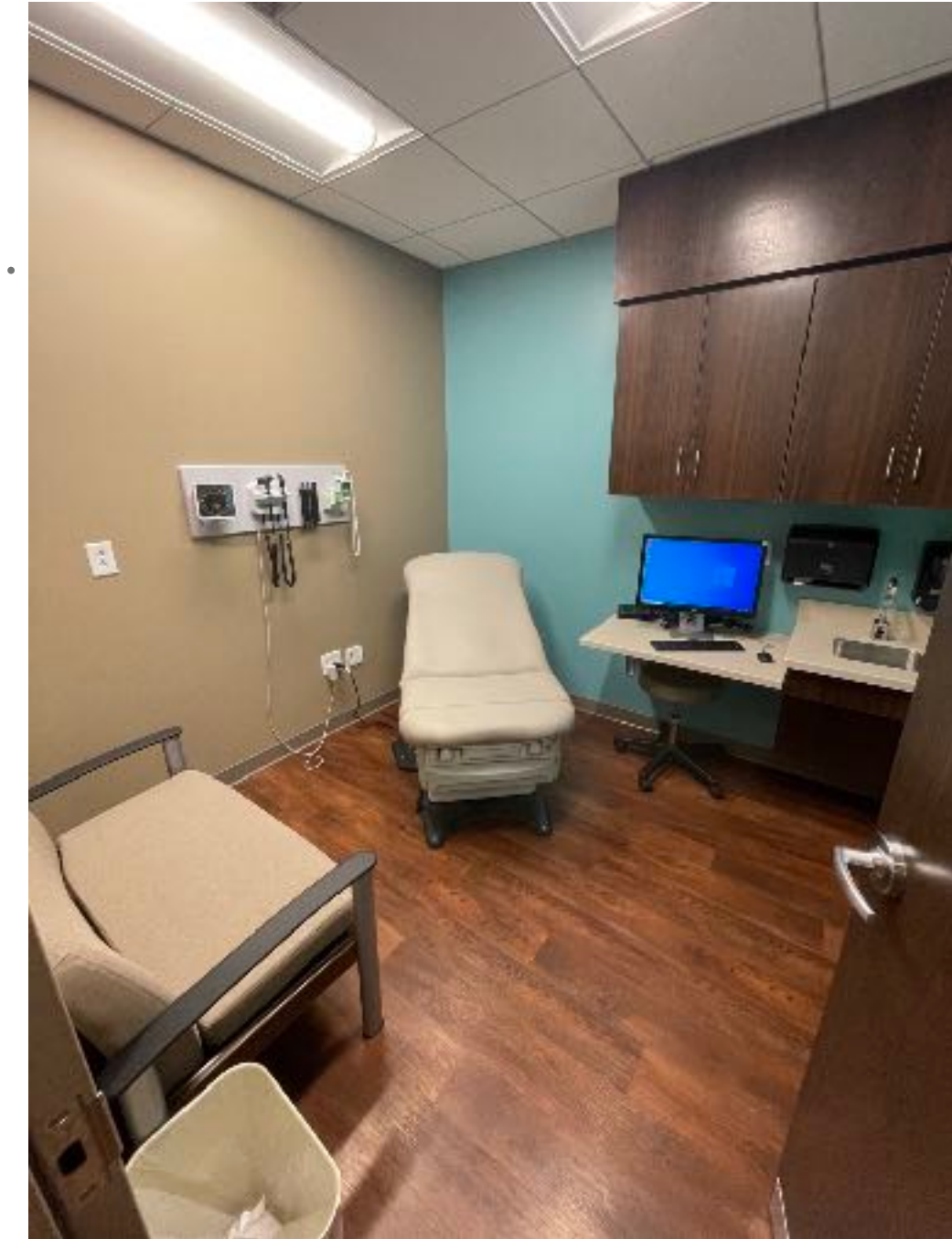
- 2020 article by Alami et al. , analysis of 10 major projects in Canada re: IT solutions in healthcare
- Decreased contact and communication time
- Misalignment of technology and the clinical contexts
- Technology as a control tool
- Anxiety and stress
- Cognitive overload
- Interoperability

UNINTENDED CONSEQUENCES

- 2022 scoping review by Hilty et al.
- "Findings and Guidelines on Provider Technology, Fatigue, and Well-being"
- Video and electronic health record use has been associated with...
 - physical eye fatigue
 - Neck pain
 - Stress
 - Tiredness
 - Emotional exhaustion
 - Cognitive inattention
 - Anger, irritability and stress

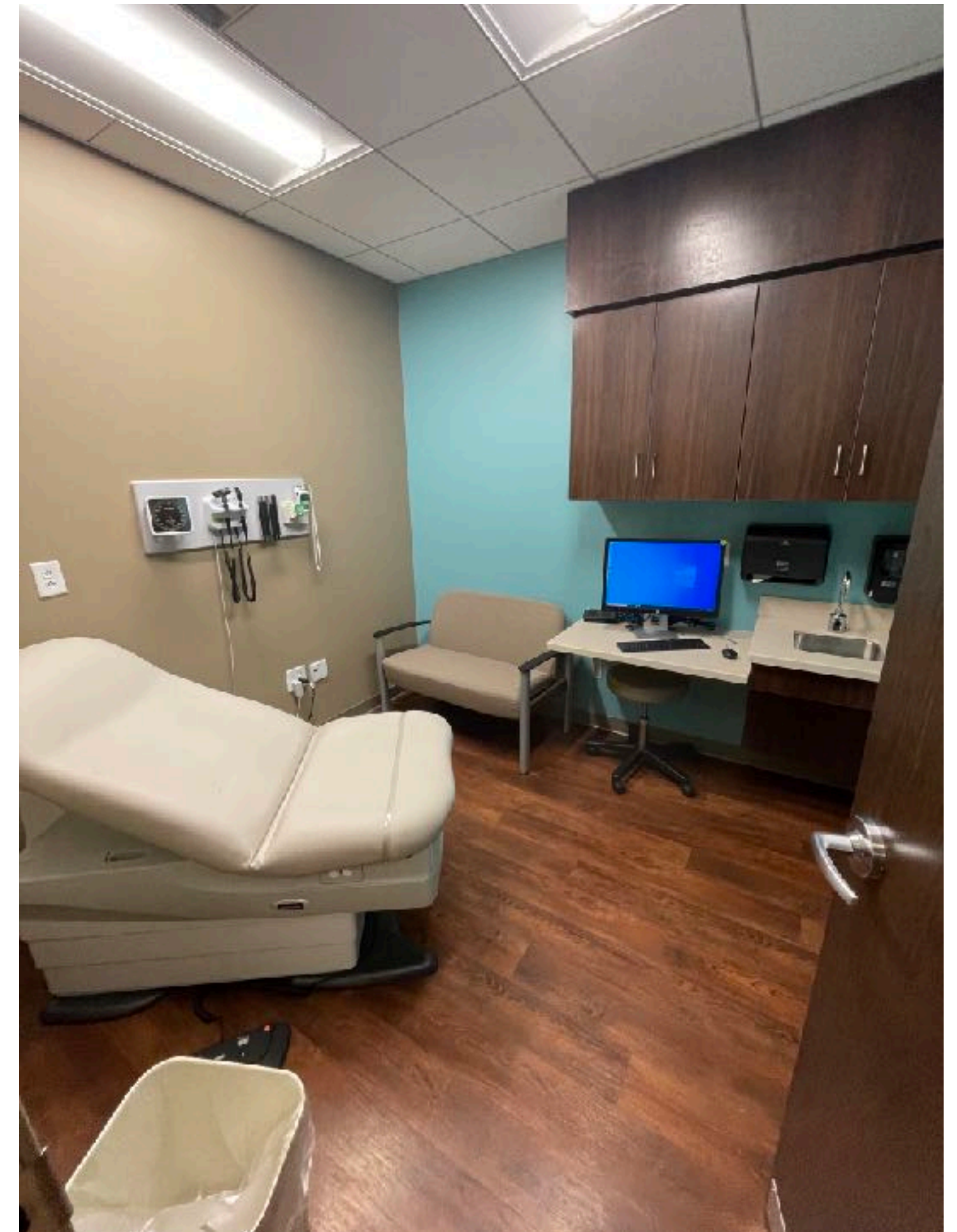
UNINTENDED CONSEQUENCES

- Ergonomics matter
- Ulnar compression symptoms
- Shoulder tightness - therapeutic massage
- Trying to exercise more
- Alignment of me facing patient with better ergonomics in the room



UNINTENDED CONSEQUENCES

- Alignment of me facing patient with better ergonomics in the room



INVESTING IN PHYSICIAN WELLNESS

- Lots of suffering, burnout, stress
- Ethical case for helping physicians and other providers
- Also a business case...

BURNOUT AND ENGAGEMENT

- 2017 article Shanafelt and Noseworthy - "Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout"
- Physician burnout influences...
 - quality of care, patient safety, physician turnover, and patient satisfaction.
- Burnout is a system issue
- Institutions operate as though burnout and professional satisfaction is the sole responsibility of individual physician
- Presented 9 organizational strategies to promote physician engagement and describe how they have operationalized some of these approaches at Mayo Clinic

THE BUSINESS CASE TO ADDRESS PHYSICIAN BURNOUT

- 2017 article Shanafelt, Goh, and Sinsky - "The business case for investing in physician well-being"
- Costs associated with turnover
- Lost revenue associated with decreased productivity
- Effects on quality, safety, patient satisfaction
- Loss of experienced faculty for mentoring, key leadership roles, particularly in academic centers

**BURNOUT --> 2X MORE LIKELY
TO INTEND TO LEAVE**

ORGANIZATIONAL COST TO REPLACE 1 PHYSICIAN

\$500,000+

ORGANIZATIONAL JOURNEY TOWARDS SUPPORTING PHYSICIAN WELLNESS

- System interventions needed to move organizations toward increased support of physician well being
- Multiple levels on organizational journey
 - Novice
 - Beginner
 - Competent
 - Proficient
 - Expert

STEPS IN ORGANIZATION'S JOURNEY TOWARD EXPERTISE IN WELL-BEING

➤ Novice

- Aware of issue
- wellness committee
- mindfulness training

➤ Beginner

- Understands driver dimensions
- Peer support program
- Cross-sectional survey assessing physician well-being
- Physician well-being considered when organizational decisions implemented

STEPS IN ORGANIZATION'S JOURNEY TOWARD EXPERTISE IN WELL-BEING

➤ **Competent**

- Practice redesign based on driver dimensions
- Coaching resources to support career, work-life integration, self-care
- Regularly measures burnout/well-being
- Physicians given great voice in decisions

➤ **Proficient**

- Measures and reduces clerical burden
- Funded program on physician well-being with internal focus
- System-level interventions
- Improves workflow efficiency by engaging and supporting local transformation

STEPS IN ORGANIZATION'S JOURNEY TOWARD EXPERTISE IN WELL-BEING

➤ Expert

- Physician well-being influences key operational decisions
- Chief well-being officer on executive leadership team
- Strategic investment to promote physician well-being
- Culture of wellness

INVESTING IN PHYSICIAN WELLNESS

- Requires investment
- \$500K/physician turning over starts to make significant investments in wellness appear more attractive
- 2 possibilities...
 - Optimization opportunities
 - Coaching

PERSONALIZED EHR OPTIMIZATION

- 2020 study by Lourie et al. at CHOP
- Attending physicians, fellows, APPs, psychologists, social workers
- Ambulatory only

- Offered at least 1 session with "optimizer"
- Focus on filling gaps in EHR knowledge, lack of customization
- Pre-Post surveys

PERSONALIZED EHR OPTIMIZATION

- 1155 eligible providers, 1010 participated in sessions
- 451 participants completed BOTH pre and post surveys

- Results
 - Improvement in mean knowledge of EHR (+26% $P < 0.01$)
 - Increase in mean efficiency in the EHR (+19%, $P < 0.01$)
 - Decrease in mean after-hours EHR usage (-17% $P < 0.01$)

- 32% reported feelings of burnout in presurvey vs. 23% post ($P < 0.01$)

LIFE COACHING AND PHYSICIAN BURNOUT

- Life coaching
- examining thoughts and how that impacts experience, what we feel, do, and end up with as our results
- what might or might not be desired changes with that new awareness
- Increasing data around life coaching for physicians --> decreased burnout

EFFECT OF COACHING ON WELL-BEING AND DISTRESS OF PHYSICIANS

- Dyrbye et al. 2019
- RCT enrolling 88 physicians
- 6 months of individual professional coaching (6 sessions total)
- Physicians in medicine, family medicine, pediatrics, in practice 5-30 years
- Outcome measures - burnout, quality of life, resilience, job satisfaction, engagement, meaning at work

EFFECT OF COACHING ON WELL-BEING AND DISTRESS OF PHYSICIANS

- Statistically significant differences with intervention
 - *Less emotional exhaustion* (down 19.5% vs. increase 9.8% in control, $P < 0.001$)
 - *Less overall burnout* (down 17.1% vs. increase 4.9% in controls, $P < 0.001$)
 - *Improved quality of life* ($P = 0.005$)
 - *Improved resilience* ($P = 0.04$)
- No statistically significant differences seen in...
 - Depersonalization, job satisfaction, engagement, or meaning in work)

COACHING FOR PRIMARY CARE PHYSICIAN WELL-BEING

- McGonagle et al. 2020
- RCT enrolling 59 U.S.-based PCPs
- 6 sessions positive psychology-based intervention over 3 month period, evaluating PCP personal and work-related well-being, stress, and burnout
- PCPs from 4 medical practices in large NE US city, community and hospital based
- At least 0.5 FTE, 25 years of experience or less, not planning to retire in next 2 years

COACHING FOR PRIMARY CARE PHYSICIAN WELL-BEING

- Significant findings from pre-post coaching intervention
 - *Decreased burnout*
 - *Increased work engagement*
 - *Increased psychological capital*
 - *Increased job satisfaction*
- Sustained improvements from baseline at 6 mo followup

ONLINE GROUP COACHING FOR FEMALE RESIDENT PHYSICIANS

- Fainstad et al. 2023
- RCT enrolling 101 female resident physicians at University of Colorado
- 6-month, web-based, group coaching program, no reduction in residency load
 - 2x/week - Live group calls webinar style with participants able to raise hand
 - "Ask for coaching" written forum
 - 25 weekly video modules with 25 accompanying worksheets
- Control group offered coaching after intervention period

ONLINE GROUP COACHING FOR FEMALE RESIDENT PHYSICIANS

- Statistically significant results for intervention group
 - *Emotional exhaustion* decreased (P=0.01)
 - *Impostor syndrome* decreased (P=0.003)
 - *Self-compassion* scores increased (P<0.001)
- No statistically significant differences in...
 - Depersonalization
 - Professional accomplishment
 - Moral injury scores

PROFESSIONAL COACHING AND SURGEON WELL-BEING

- Dyrbye et al. 2023
- RCT enrolling 80 surgeons
- 6 monthly professional coaching sessions
- Measuring effect on burnout, quality of life, resilience - both immediately post-intervention and 6 mo later
- Immediate vs. delayed intervention (control group received coaching 6 mo after intervention group)

PROFESSIONAL COACHING AND SURGEON WELL-BEING

- Immediately post intervention
 - *Decrease burnout*
 - *Improvement in resilience*
- 6 mo post intervention
 - Persistence of improvements in resilience
 - Burnout returned near baseline

EFFECTS OF COACHING (STATISTICALLY SIGNIFICANT)

➤ *Decrease in...*

- Burnout
- Emotional exhaustion
- Imposter syndrome

➤ *Increase in...*

- Quality of life
- Resilience
- Work engagement
- Psychological capital
- Job satisfaction
- Self-compassion

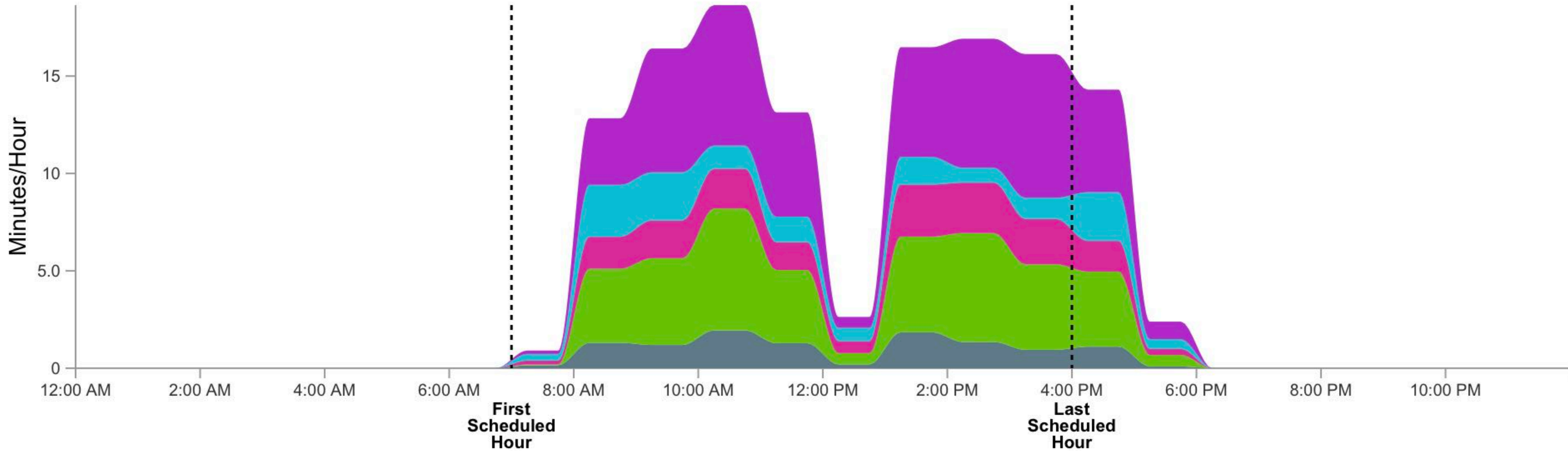
THAT SOUNDS GREAT, BUT...

- How can an individual stand up and take more control of their own experience right now in medicine?
- What individual changes can be made in the meantime, awaiting these needed system changes and access to coaching opportunities? Particularly around charting and EMR usage?

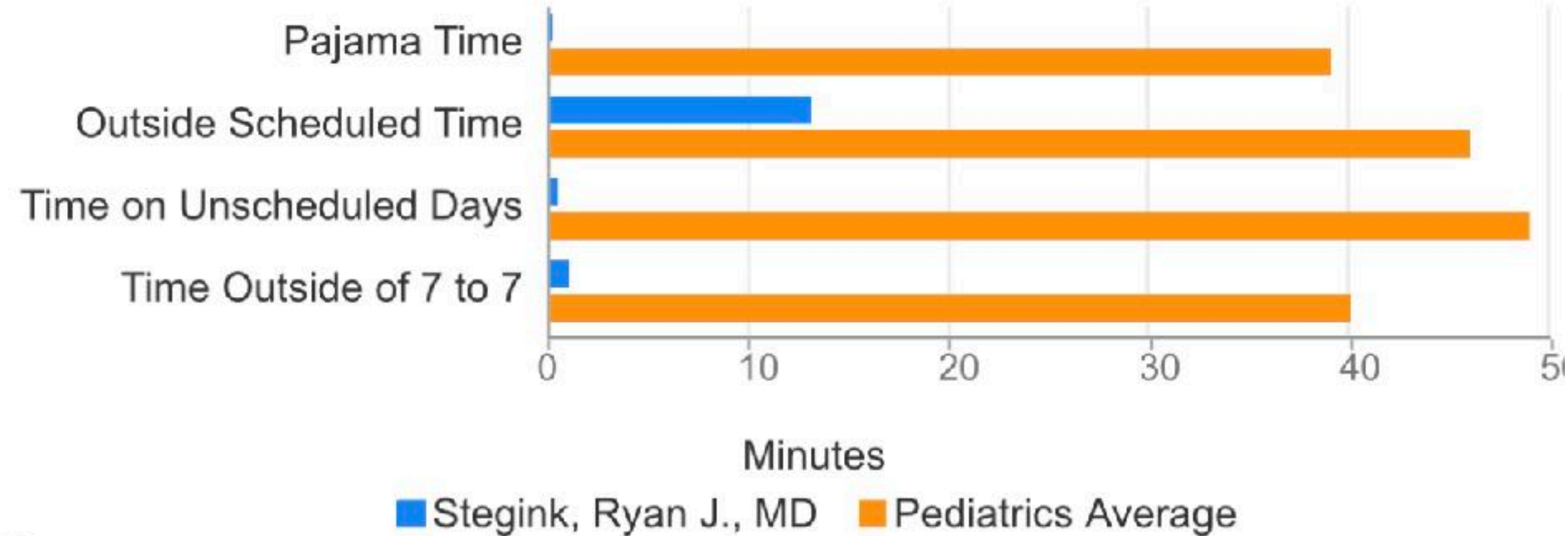
TAKE YOUR CHARTING FROM CHAOS TO COMPLETE

- Today, I want to help you make your own plan to improve your relationship with charting and your wellness as a result just as I have done for myself
- Integrating EHR optimization AND mindset tools from coaching

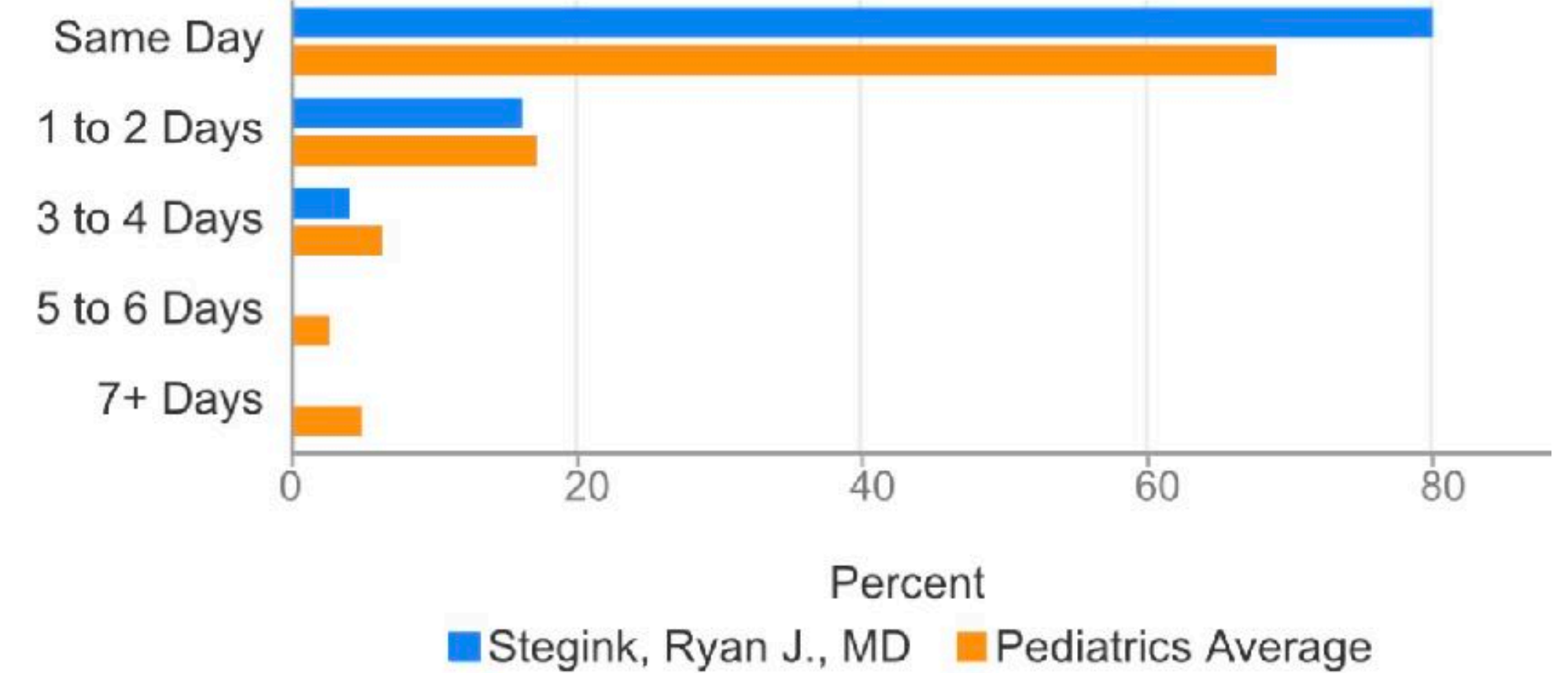
Ambulatory Usage on Average Day ⓘ



Time Outside Work Hours ⓘ



Appointments Closed ⓘ



FINISH CHARTING FASTER...

- WHY?

- To be a charting wizard? The tech guru in your clinic? NO!

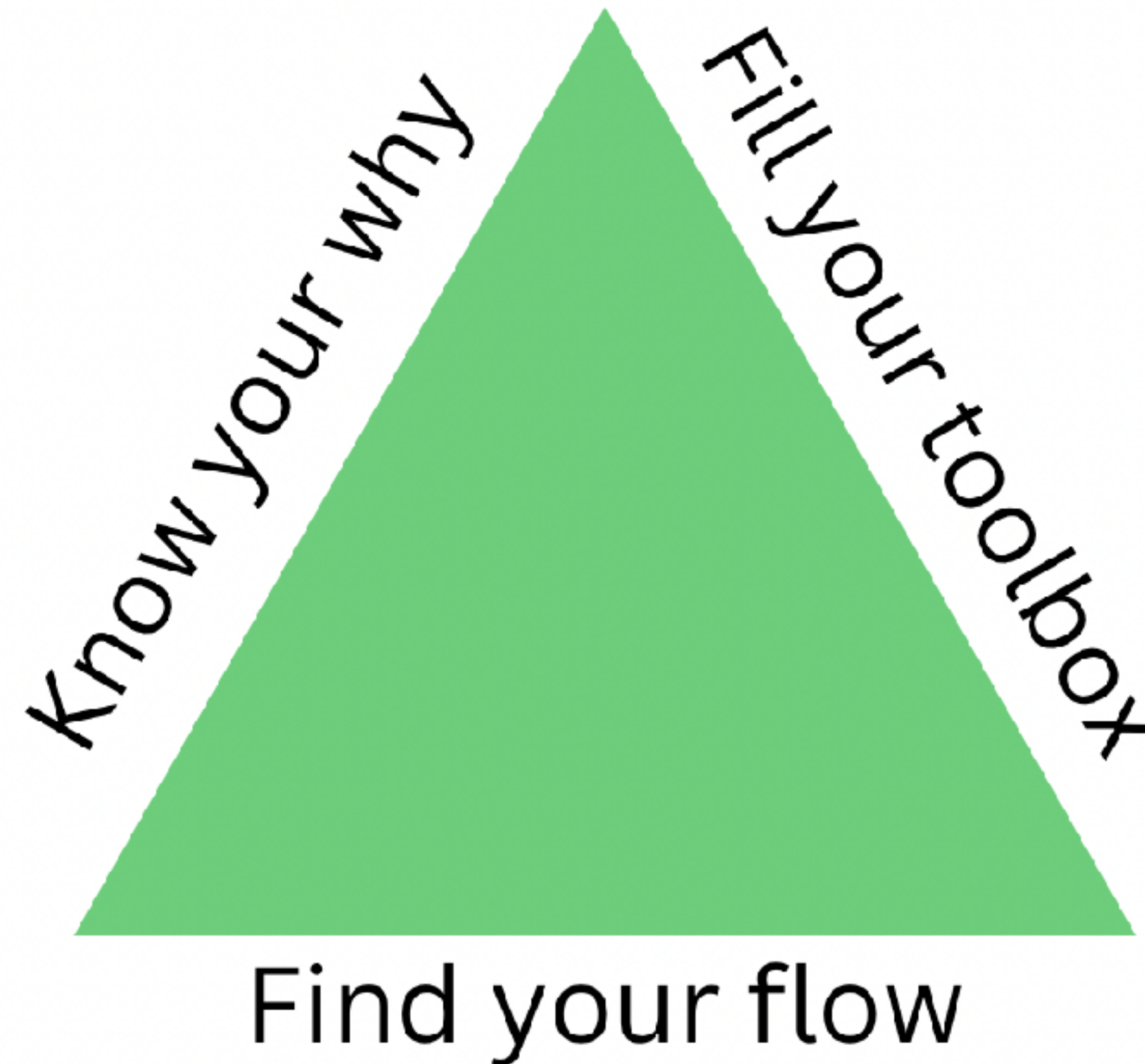
- To get home sooner with your work done so you can be present for what matters most to you!

3 STEPS TO TAKE...

- This talk can't be just listen to the current state of medicine and wonder when it is all going to improve
- I want to you to be able to take action now and change your experience, so get out something to take notes with, I am going to ask you some questions to reflect on...

CHARTING MASTERY FRAMEWORK™

- Take your charting from CHAOS to COMPLETE



NEARLY 3 HOURS PAPERWORK...
AND HAPPY TO DO IT

**NOT ONLY THAT,
BUT I MADE IT HOME FOR
CHALK ART WITH MY KIDS**



**US CIVIL SURGEON = HELP WITH
IMMIGRATION PHYSICALS**

AND

FAMILY TIME

KNOW YOUR WHY

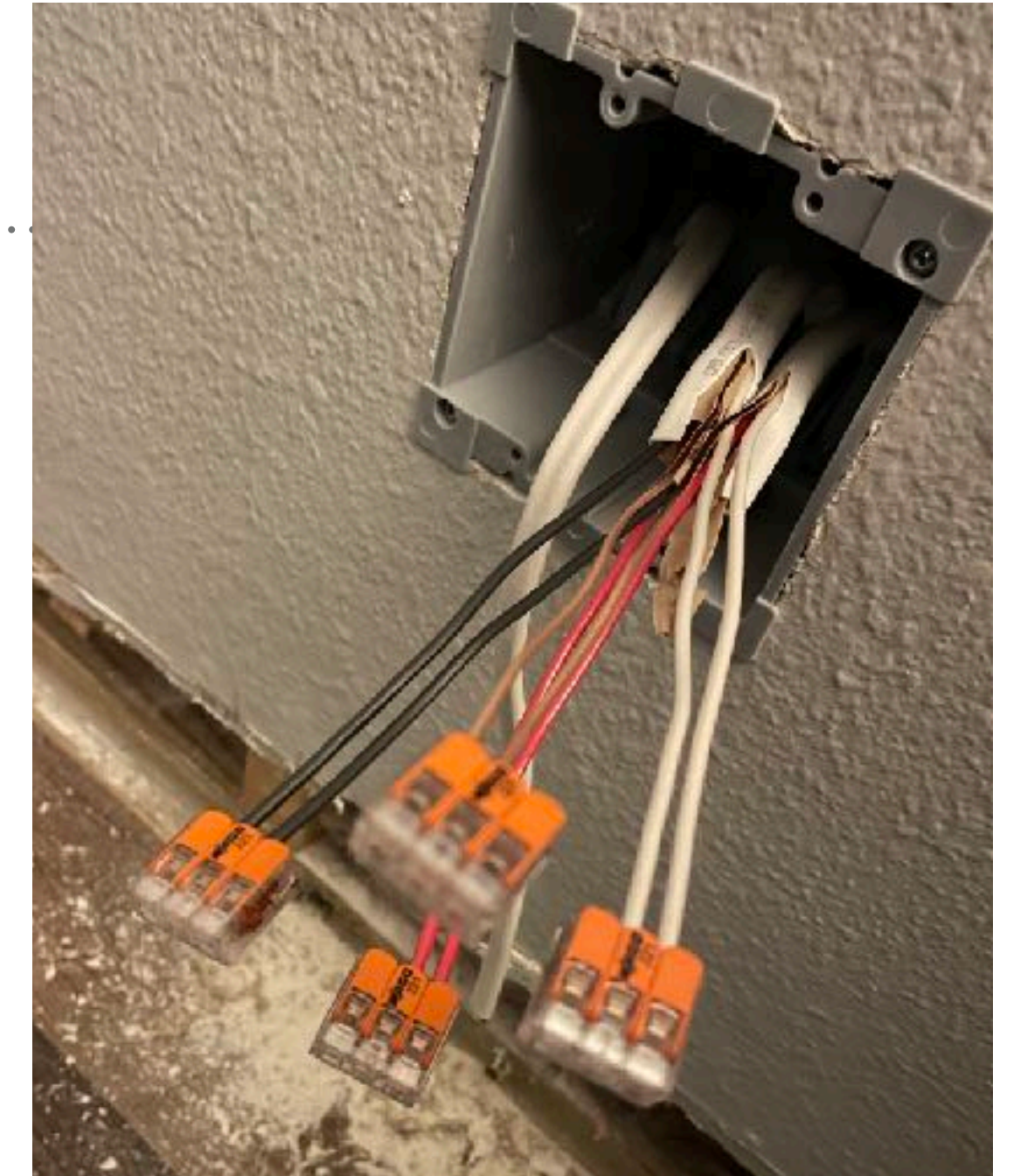
- Why did you go into medicine?
- What drives you, motivates you **NOW** in your medical practice?
- Why do you want to finish your work and go home? (Self care, family, friends, hobbies, something else)

KNOW YOUR WHY

- These need to be intentional thoughts and beliefs about what is important to you...
- Something that will be compelling and able to sustain your motivation
 - Not something extrinsic...
 - Not your RVUs, your visits...
 - Not the bonus dependent on moving targets...
- Your core priorities and motivations

FILL YOUR TOOLBOX

- New house projects and my toolbox
 - Acquiring or borrowing some tools
 - Asking for help
 - Learning new skills
 - Both physical and mental tools



FILL YOUR TOOLBOX



FILL YOUR TOOLBOX

- When you think about charting in medicine, what comes up for you?
- What stories do you tell yourself about charting? (I don't have time to make templates, It's too confusing, It's faster to just enter the orders directly...)
- What has been the biggest thing holding you back from filling your toolbox with charting tools? (Mindset blocks, technical/EHR tools)

PHYSICAL TOOLS

- Templates
- Preference lists
- Order sets, panels
- Quick buttons for inbox management
- Configuring layout of workspace within the EHR
- Text expansion (dotphrases or replacement of a few keystrokes with long text snippets, either within EHR or your computer)

MENTAL TOOLS

- Facts vs. stories
- Feelings come from our thoughts and stories
- Identifying limiting beliefs that hold you back
- Allowing discomfort and urges

FIND YOUR FLOW

- What would your ideal day look like in the clinic? In the hospital?
- How would you move through your schedule? How would you be feeling?
- What are some of things you would be doing, or not doing, to help you be more efficient AND provide what you consider to be good quality care?

FIND YOUR FLOW

- Charting in the room
- Maintaining rapport while charting
- Going room to room
- Batching
- Other things

RECAP

- Burnout, Wellness
- EHR Usage
- Impact on Wellness
- System changes and organizational interventions, including coaching for physicians and others
- Individual opportunities to finish charting faster
- Now it is time to make these investments in yourself and your future --> What is your next step

IS YOUR NEXT STEP...?

- Reconnecting to your purpose
- Refining your templates and order preferences
- Changing jobs
- Cutting back FTE
- Building your team's capacity to leverage existing workflows (standing order policies to get patients more of what they need without you?)
- Maybe getting a coach?
- Maybe encouraging your system to invest in EHR optimization or coaching opportunities

**TAKE YOUR NEXT STEP
WITH CHARTING SO THAT...**

**YOU ARE PRESENT FOR
WHAT MATTERS MOST TO YOU**

BACK TO PRIOR STORY...

DAUGHTER IN HOSPITAL

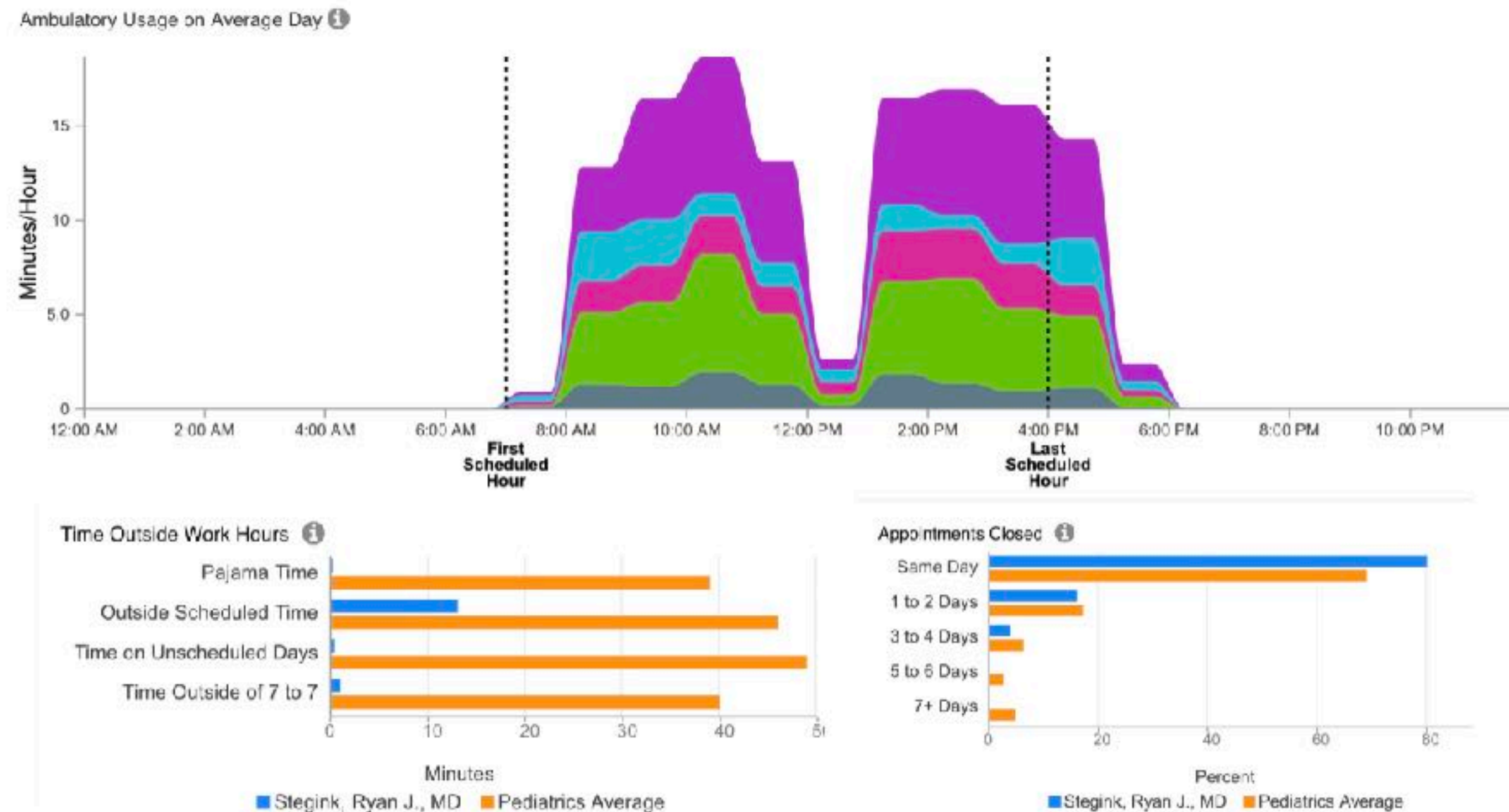
COLLEAGUES COULDN'T SIGN MY CHARTS...

**I WAS ABLE TO BE FULLY PRESENT
BECAUSE...**

**MY CHARTS FROM THE WEEK WERE
ALREADY DONE!**

FOR THOSE WHO WANT TO GO DEEPER...

- Maybe your inbox has 200+ messages
- Your queue of charts to complete has charts over 2 weeks old
- Maybe it is TRIPLE DIGIT number of charts to complete
- You want your data to look more like this...



MAYBE YOU WANT TO MAKE A BIG CHANGE

- You want to make a difference for yourself, for your future self, your family and friends
- You want to get the coaching to hone in on your why, fill your toolbox, and find your flow
- To learn how to manage and even ditch the mind drama you have around your charting
- You want to feel like a good doctor again as you find your flow and reconnect with your big why

INTRODUCING...



Get home sooner with your work done.

CHARTING MASTERY

- 6 week group coaching program
- Weekly 1-hour-long group coaching call with replay available
- Weekly brief module videos with accompanying worksheets to drive reflection
- Private FB group for community with other participants throughout cohort and going forward

CHARTING MASTERY

MODULE ONE

**STORIES
FUEL CHARTING
IN MEDICINE**

MED
ED
WELL

MODULE TWO

**TOOLS
FOR CHARTING
SUCCESS**

MED
ED
WELL

MODULE THREE

**BUILDING
RAPPORT
WHILE
CHARTING**

MED
ED
WELL

MODULE FOUR

**YOUR
INBOX
AWAITS**

MED
ED
WELL

MODULE FIVE

**CHARTING
YOUR PATH**

MED
ED
WELL

MODULE SIX

**MIND
MATTERS
FOR
FLOURISHING**

MED
ED
WELL

YOUR INVESTMENT

- Not \$15K-40K to hire a scribe
- Not \$5K for 8 sessions of 1:1 coaching
- Not hours upon hours figuring this out yourself
- But rather...



Get home sooner with your work done.

INVESTMENT OF ~~\$2997~~
\$2497



Get home sooner with your work done.

AND IF SIGNING UP ON THE LIVE
CALL, GET A **FREE** 1:1 SESSION

**TELL ME MORE ABOUT
COACH RYAN**



Coach Ryan also helped me with other underlying factors that I hadn't even noticed had been building up. *With his help, I was able to release these old thought patterns...* I still use some of the tools we discussed and my mindset has remained strong

- Tarynn J.



When I found Coach Ryan, I was hopeful that he could help my mindset, as I was in a very negative space. *Having a 1:1 session helped immensely.* He was able to ask me questions that really opened up my perspective and allowed me to create my own thought process...

- Tarynn J.



He reflected my words back to me in a way that helped me to analyze them more thoroughly and get to the heart of what I've been hoping to accomplish in several areas of my personal and professional life. *I found this session more helpful and insightful than a therapy session.*

- Dr. Head, pediatrician



Get home sooner with your work done.

**14 DAY MONEY BACK GUARANTEE
(ATTEND THE FIRST TWO CALLS)**



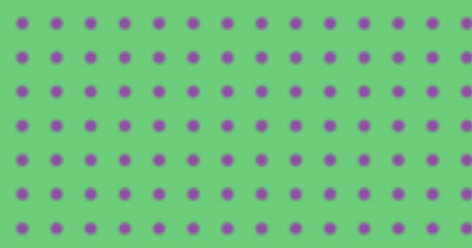
Get home sooner with your work done.

FIRST 7 TO ENROLL DURING THE CALL
INVESTMENT OF ~~\$2997 2497~~
\$749



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