The Power of Data Entry Drain on Physician Job Satisfaction

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In our recurring blog "Inbox," we get reader feedback on whether or not physicians can still love practicing medicine in the age of "data entry."

Source: Physicians Practice

Editor's note: We work hard to write about issues that will help physicians run their practices in a manner that is both prosperous and efficient, while still delivering quality patient care. And we are delighted when our readers let us know what they are thinking. This month we are excerpting a slideshow regarding physicians' dedication to practicing medicine and a podcast on patient empathy. The articles have been edited for space and are followed by comments made by readers at PhysiciansPractice.com.

What Physicians Still Love about Medicine
Being a physician today is a lot different than 10 years ago. More and more regulations from the government and third-party payers are overwhelming physicians and burnout continues to be a problem for many. It has become easier for doctors to forget about why they became a physician in the first place. And those in other practice-based roles are facing the same crisis.

Can you still love being a physician/nurse practitioner/physician assistant/etc., in 2017 or have regulations, such as Meaningful Use, Physician Quality Reporting System, and the Medicare and CHIP Reauthorization Act (MACRA), ruined it for good? We asked members of our editorial advisory board how they felt.

Sarah says: "I have always loved patient care ... [It] keeps me in this profession. In the business of healthcare, we must all remember that medicine is a profession and not a business and the two entities always have the potential for conflict. Healthcare equals chart care, i.e., a balance sheet filled with megabytes of data entry for micromanaging a patient's chart on a computer, ultimately for services rendered and accounts receivable. As a profession, and as physicians, hopefully we can find creative solutions that enable us to practice medicine and function within the guise of healthcare as patient care. Medicine remains a noble profession and for now, I will remain, truly taking care of patients."

John replies: "Making patients better by both medical as well as surgical interventions remains enormously gratifying personally and intellectually. I can't think of a career that would have been more satisfying. My dissatisfaction stems from having to be a data entry clerk in addition to being a physician. Think about it...U.S. physicians are the most educated data entry clerks in the world! Smart businesses have their workers perform at the top of their skill set. How could we in medicine have been so dumb?"

Jane responds: "I have worked as an administrator in the medical field for 37 years. The reality of having a single doctor from cradle to grave who just keeps all that information in his head with a few unreadable scribbles on a piece of paper is gone forever. In many places there are no longer enough providers to care for patients, so they may see a number of different healthcare professionals, even in their primary care setting. Not to mention, there are fractured services provided across multiple settings for lab and X-ray, and specialty care. And people access healthcare much more than they did in years past because they can. When we see things from the patient's point of view, I think it is easy to see that careful documentation and 'data entry' is vital to provide the best care we possibly can across the healthcare spectrum."

The Patient Empathy Problem Physicians Must Face
In 2008, Rana Awdish, an internal medicine physician with a specialty in pulmonary disease, bled out into her abdomen when a tumor ruptured in her liver. She was effectively dead at one point. She experienced kidney and liver failure and at seven months pregnant, lost the baby she was carrying. It took five surgeries and incredible care to save Awdish's life.
From that experience, Awdish, the medical director for care experience at Henry Ford Health System in Novi, Mich., learned something about herself and doctors in general. "What physicians are less adept with is tending to emotions and understanding what it’s like for patients when they are ill, how it affects their identity, sense of self, and their sense of how they are going to get back to their life," Awdish said on the most recent edition of the Physicians Practice Pearls podcast.

Brenda says: "The medical professional often does not see the patient as a person, but rather as a procedure listed on the whiteboard. They are scared people and worried about living through the surgery and being there for their family. Often, we just prescribe valium or if it is prior to a surgery just give them some versed to ‘relax them’... to make them compliant or asleep and therefore easier to handle. Doctors have to, to a point, separate themselves [from their personal life] for their work but the really good doctors stop and take a minute to sit next to the patient (be at their level, physically), hold the patients hand, and just tell them, ‘I am here for you, I will do my very best for you, I care about you, Here is my number call me anytime (for the really worried or scared patients).’"

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