



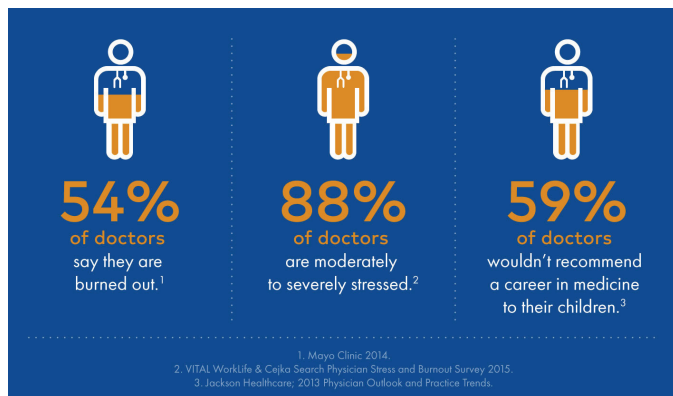
Technology's role in fixing physician burnout

By Todd Rothenhaus, MD | June 8, 2016

Before becoming athenahealth's chief medical officer, I held roles as both a practicing physician and as a CIO. The Internet began to take shape while I was in medical school and residency, and as I was settling into a long career caring directly for patients, information technology began to take off. It seemed like an opportunity to make an even bigger mark.

Unfortunately, the past 20 years haven't worked out that well for doctors, or for the healthcare IT industry. Physicians are miserable. Medicine is in crisis. And technology shares the blame.

According to our own survey from the Let Doctors Be Doctors campaign, one in five physicians says his or her EHR contributes to burnout.



But the EHR didn't ruin health care. Health care was already broken, and attempts to fix it have led to too much work. Thirty patients a day feels too much like an assembly line; value-based reimbursement is too complicated; downstream follow-up – connecting patients to care and closing the loop – is just too hard.

Meanwhile, the government has become desperate to cut costs and improve quality. PQRS, VBM, ACOs, CCM, TCM...the acronyms are endless and the future seems more challenging with each new piece of legislation. And it isn't going to stop.

In medical groups, the additional work brought on by change falls to the physician, who is ultimately responsible for success. The death of independent practice from all of this change is real, and the flight to physician employment has been the result. The work is just too complicated for small practices to master.

But in the largest practices – the mega-groups and giant health systems – physician sentiment is just as bad. Having chosen employment, doctors are at the mercy of their administrators and IT departments. Health systems bought a thousand delis and are trying to make Whole Foods out of them. Many system leaders, while well intentioned,

are just beginning to create systems of care that support their clinicians, and the work of ensuring every box gets ticked and every order gets tied still falls to the doctor.

What began as a simple transaction – you come to me for help, and I provide it as best I possibly can – has come under pressure from all quarters.

The simple calculus is that health care is too expensive and it's cheaper not to care. Doctors need to see 25 to 30 patients a day to break even. For every session, doctors must tick every box and tie every order, respond to every request for authorization or payment, guide every patient through the maze of an increasingly complex health care system. And at the end of the day, doctors lose sleep wondering if their patients got what they needed through all of the friction.

What if the computer did the work?

The goal of every physician is to have an impact on patients' lives, whether by cutting them open to fix a problem, curing them with medicine, or educating them to preserve the health and well-being that remains.

Cutting, curing, and educating; that's all there is. Everything outside of the conversation the doctor has with the patient, the decisions they make together, and the procedures they perform, is wasted work for the physician.

All of it is work a computing device, whether desktop or mobile, and an EHR should and will do. There is no more compelling argument for health IT growth and innovation than the risk we currently face: the demise of the physician and the unhappiness of doctors nationwide. Our challenge, together, is to make technology the solution rather than the cause.

*Todd Rothenhaus, MD is athenahealth's
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