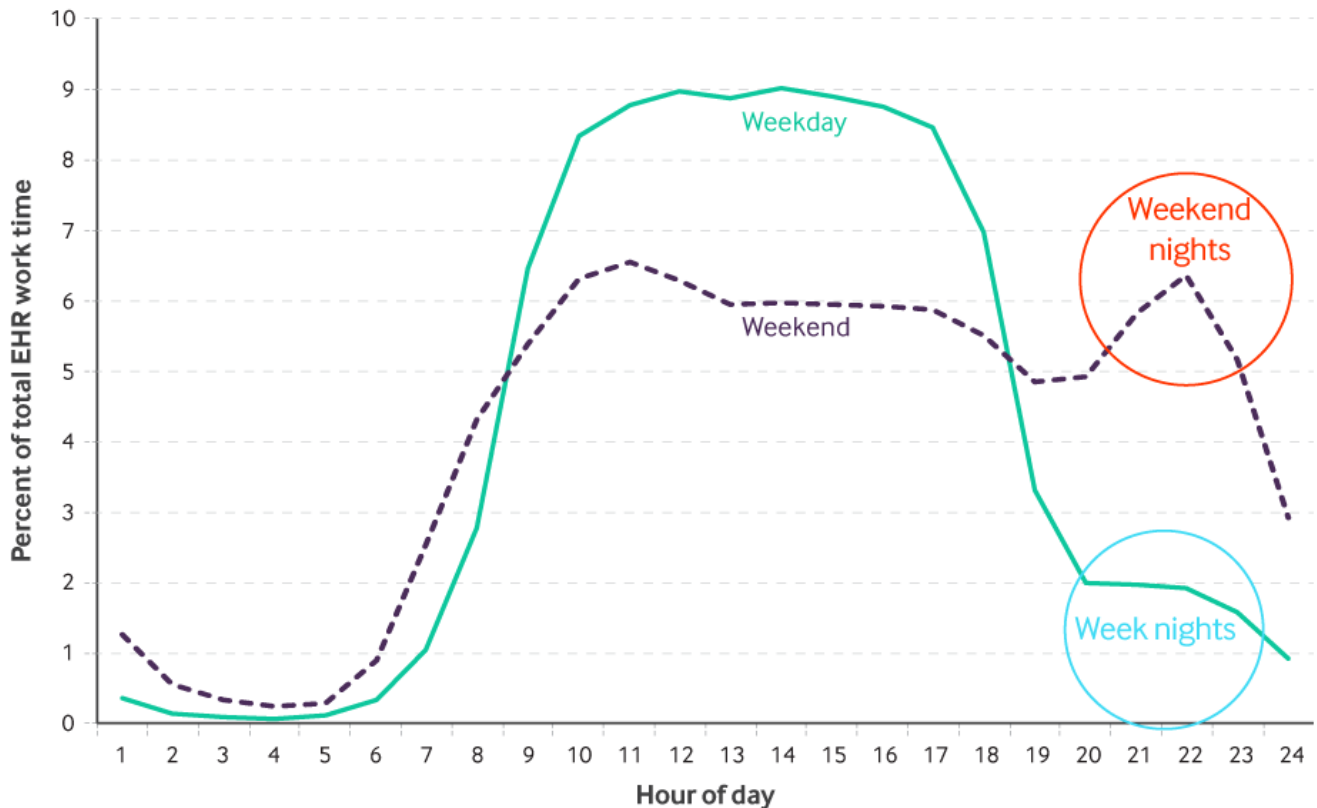


Family physicians' EHR use by time of day.

Date nights and the EHR



Modified from B. Arndt, et al., *Tethered to the EHR: Primary Care Physician Workload Assessment Using EHR Event Log Data and Time Motion Observations*, *Annals of Family Medicine*.

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It is Saturday night. Do you know what your doctor is doing? Is she sitting on the deck with her husband watching the moon rise over the horizon? Enjoying conversation around the fire with her children? Returning home from a cultural night out? Heading to bed for a good night's rest?

Maybe. But there is also a good chance she is doing none of these restorative or healing activities, but rather is sitting in the glow of her computer screen, working down the inbox in her electronic health record (EHR), manually entering visit notes from patients seen during the week or providing perfunctory signatures for hearing aid batteries, diabetic shoes, and the like — none of which requires a medical education and little of which adds true value to patient care.

It is Saturday night. Do you know what your doctor is doing?"

An AMA-supported [study](#) we did of physicians in four specialties (family medicine, internal medicine, cardiology, and orthopedics) found that despite spending nearly 2 hours on EHR and deskwork for every hour of direct patient care during the workday, physicians routinely take 1–2 hours of EHR/paperwork home each night, an activity that has been called “pajama time.” Other studies have found [similar data](#). Researchers at the University of Wisconsin [tracked physician time](#) in the EHR and found that their family physicians on average spend nearly 30 hours per month working after work on the EHR. Weekend activity peaks around 10 a.m., and again around 10 p.m.

For many physicians, weekends that should belong to romance, children, culture, healing, or sleep are intruded upon by the ever-present Epic, Cerner, Athena, or whichever EHR their organization uses. How can we address this?

To be sure, the solution to this is a [shared responsibility](#). Here’s what we can do. Vendors can decrease the clicks and increase the ability to share tasks with team members. Regulators and payers can reduce non-evidenced-based requirements for signatures. Institutional leaders can support advanced models of team-based care with in-room documentation support by clinically trained assistants. And physicians can draw a line and say, for the sake of our patients and our families, we can no longer spend the majority of our days doing work that does not require the training society has invested in us. I want my doctor to love her job, *and* enjoy her weekends. Together, we can fix this problem.



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