

After EMR implementation, surgeons spend less time interacting with patients

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Implementing an electronic medical records (EMR) system at an orthopaedic clinic may have unanticipated effects on clinic efficiency and productivity - including a temporary increase in labor costs and a lasting reduction in time spent interacting with patients, reports a study in September 19, 2018 issue of *The Journal of Bone & Joint Surgery*.

Even after an initial learning period, introducing a new EMR system may affect several aspects of clinic workflow, according to the paper by Daniel J. Scott, MD, MBA, of Duke University, Durham, N.C., and colleagues. They write, "Healthcare systems and policymakers should be aware that the length of the implementation period is approximately six months and that implementation may alter the time that providers spend with patients."

Introducing EMRs Could Have 'Negative Trade-Off' for Patient Care

The researchers used time-driven activity-based costing methods to evaluate how a new EMR system affected costs and productivity at two outpatient orthopaedic arthroplasty (joint replacement) clinics. The analysis included detailed observations of 143 patient visits before implementation of the EMR system, and again at two months, six months, and two years after implementation.

At two months after EMR implementation, total labor costs had



increased significantly, from \$36.88 to \$46.04 per patient visit. The cost increase was related to increases in the time that attending surgeons spent per patient, from 9.38 to 10.97 minutes, and in the time that certified medical assistants spent on patient assessment, from 3.4 to 9.1 minutes. For surgeons and medical assistants combined, the time spent documenting patient encounters more than doubled: from 3.3 to 7.6 minutes.

By six months after implementation of the EMR system, total labor costs were similar to costs in the pre-implementation period. From six months to two years, labor costs remained stable. Average weekly patient volume decreased for one of the surgeons studied, but remained stable for the other surgeon.

However, the increases in time spent on documentation persisted, even after the initial learning period. This was accompanied by a significant reduction in time spent interacting with patients, from 14.65 to 10.03 minutes.

Electronic medical records systems are rapidly being adopted throughout the US healthcare system, in part due to increased regulation. "EMR implementation can be costly and typically requires workflow redesign," Dr. Scott and coauthors write. The study is the first to assess the impact of EMR systems in orthopaedic practice.

"This could suggest that providers ultimately were able to spend less time with patients as documentation requirements increased," Dr. Scott and coauthors write. "If so, this could represent a negative trade-off for <u>patient care</u> and leave <u>patients</u> less satisfied, a trend worthy of further study."

More information: *The Journal of Bone & Joint Surgery*, <u>DOI:</u> 10.2106/JBJS.17.01339, journals.lww.com/jbjsjournal/F...



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