



EPISODE 129 How About A Job Improving The EMR?

With guest Dr. Julie Hollberg

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HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So, pull up a chair, my friend, and let's carpe that diem.

Hello and welcome back to the Doctor's Crossing Carpe Diem podcast. You're listening to episode number 129. How would you like to have a job where your work involves improving the electronic medical record? We know the EMR is a ripe area for improvement and streamlining. Can I get an amen? There are a variety of roles you as a physician can have in this ever-evolving area called informatics.

Informatics encompasses not only the EMR, but digital health, data and analytics, artificial intelligence and population health. Today we have an expert guest who is going

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to help us explore options for physicians in informatics with a focus on jobs within the healthcare system and EMR vendors.

In a minute we will be joined by the wonderful Dr. Julie Hollberg, who is an internal medicine physician and Chief Medical Information Officer at Emory Healthcare. Dr. Hollberg will be discussing the different ways you can become involved in optimizing the EMR, the rewards and challenges of this type of work, some steps to get started, compensation and more.

We'll also be touching upon how our personality type on the Enneagram fits well with our position. I am very honored and excited to welcome Dr. Julie Hollberg to the podcast. Well, hey Julie. Welcome.

JH: Hi, Heather. I'm so excited to be here today.

HF: I am thrilled to have you because this is an area that we don't talk quite as much about, but it's a big area and it's also expanding. I'd love it if you could tell us how you got started. Are you a computer techy person?

JH: No, let me start by saying that I majored in liberal arts as an undergrad and am one of the least techy people that I know. You do not have to be a techy person in order to get involved in informatics. I started back in 2008 when I first came to Emory, and volunteered as a physician champion for our implementation of CPOE in the hospital. And from there I transitioned to being the medical director of IT and then a few years later the CMIO. And I did a lot of learning on the job, and pursued some continuing medical education and IT courses to help me get prepared.

HF: Okay. I love that you started us off with you are not techy because I think it's easy for us to dismiss this area out of hand. What would you say really led you to go in this direction? Especially not being a real computer person.



JH: I am passionate about trying to make things better for my colleagues and ultimately for our patients. And I think that's the core characteristic that you have to have if you want to go into informatics. We all know that the electronic health records offer tremendous potential, but they're also the source of incredible frustration. And I felt that we as physicians have a choice. We can either choose to complain and do nothing or we can choose to be part of the solution. And I wanted to get involved so that I could be part of the solution.

HF: Well, I think it might be interesting here if it's okay with you to share your personality type on the Enneagram and how that fits with this role that you have.

JH: Yeah. I am a helper and a challenger and a peacemaker. I think those characteristics really summarize the characteristics that I bring to my job every day. I seek to help my IT colleagues be more effective at their job. I do a lot of conflict management when we are talking about having to prioritize what projects are going to get resources when we have more demand than we have bandwidth.

And my job is also when someone says, no, that we can't do something to challenge and think about how can we still meet that goal, even if we think that it's going to be difficult to do. I use all of those characteristics on a very regular basis.

JH: Yeah, it's a very interesting combination. And in the Enneagram we talk about your primary type and your primary type is the helper. You had a really high score in that, so it makes sense that you really wanted to pursue a direction where you'd be helping your colleagues and then your challenger and your peacemaker where you're second and third, they were tied. So they support and influence your primary type.

And it's lovely because you have this ability to go into conflict with this challenger personality. But the nine, the peacemaker, is also really good at seeing things from other people's perspectives. When there are differences in opinion, your personality type is



very good at seeing things from someone else's perspective and trying to come to consensus.

JH: Yeah, that's an essential part of my role as a CMIO. There are times when we have multiple different stakeholders with competing preferences, and we have to make a decision about what pathway we're going to pursue. And when you're doing that, there are going to be people who are more winners and those that are going to be more losers. And it's important to figure out how do you keep that balance over the long term so that you don't always have the same winners and the same losers.

And for example, if you're talking about an alert firing, maybe it's going to have to fire for all physicians, even though it's going to only be applicable to 70% of them. And so, 30% of people are going to have extra clicks and 70% are going to potentially have a meaningful alert that they need to take action on. And how do you figure out how to balance that, so that again, you maximize efficiency and value for everyone.

HF: If we begin at the beginning and talk about some of these different roles, you mentioned super user, you started volunteering. Can you briefly give us a description of what you were doing there and how a physician might get started in that role if you or she were interested?

JH: Yeah. Whenever we're rolling out new technology, institutions are always looking for local leaders to help with that implementation. Somebody who's going to really take the time to absorb the new technology, understand how it works, understand how you use it within your clinical workflow. And these roles might be called physician champions, or you might be called a physician super user. We know that all electronic medical records continue to undergo upgrades and implement new functionality, and that can be disrupting to your colleagues.

A physician super user really helps to calm the situation as well as demonstrate the new functionality to your colleagues. The other role of a physician, super user or champion can be to help with designing new solutions. If there's a challenge, maybe you're having a problem with follow up appointments in your section, figuring out what's the best way to integrate the technology with your workflow and help in design is another role that physician super users or champions might be involved in.

HF: If I wanted to participate in this role, how would I go about getting involved?

JH: I think the first thing you want to do is talk to your CMIO or to your CIO. We are always looking for frontline volunteers to help us participate in these roles. And oftentimes, you do really need to volunteer at the beginning and demonstrate your capacity and your commitment. And sometimes when you are a very dedicated physician champion or super user, that role can evolve into something more formal, perhaps like a medical director of IT or perhaps you might become a builder. Some of the EMRs have dedicated physician builder programs. And it's a great opportunity to get 10% to maybe 20% or 30% of your time protected for more formal involvement in informatics. Those super users frequently can evolve into a more formal and protected role.

HF: You had mentioned reaching out to your chief medical information officer if you're interested. Is there also often an IT committee that someone might be on or participate in?

JH: Yeah, yeah. Typically there are multiple different committees that physicians can serve on. And you're absolutely right, serving on those committees is another way to begin getting involved. There might be an order set governance committee, clinical decision support, provider documentation and IT governance committee.

Learning about what committees exist at your organization and offering to serve on one of those committees is also a great way to really get exposed to the informatics and IT

landscape at your organization and give you an opportunity to meet other people working in the field.

HF: Now those are great suggestions. I'm curious, Julie, how long were you a super user for and did you get some training to do that job?

JH: I got training from my IT colleagues to learn more about the system. And this was way back in 2008 and 2009 when informatics has been around for a long time but physician's role in a more practical way really started to take off around that time. There weren't as many formal classes when I started as there are now. So, a lot of the EMR vendors offer programs and classes so that you can learn about that specific technology. But I was a volunteer physician champion for about a year and a half before I became the medical director of IT. I was in that role for about a year and then I became the CMIO.

HF: All right. So, you did that role for about a year and a half, and then you transitioned into the medical director role. Can you tell us a little bit about that?

JH: In the medical director of IT role, I really was a liaison between the frontline providers, physicians and APPs and IT. I helped to facilitate design meetings. I participated in governance committees, but at that time I didn't have a team underneath me. I was an individual contributor.

HF: And was this about 10% to 20% of your full-time job?

JH: Yeah. I have to think back, Heather, but I think I was protected at 30% initially at that point. And then typically CMIOs, depending upon the size of your organization, that's an 80% to 90% job.

I would say that I think it's really important for people to maintain clinical practice the entire time that they're involved in informatics because it really helps keep you

grounded. It helps keep you aware of what your colleagues are navigating. And I also think it helps when I'm having a rough time in informatics, my clinical care helps balance my psyche.

HF: Okay. So, you still are clinically active?

JH: Yes. I still am an active practicing hospitalist which I thoroughly enjoy. When I started out in medical school, I intended to stay clinical, and it was only once I became an attending physician did I realize the value in the appeal of having diversity of work.

HF: All right. And then you advanced into the CMIO role. Can you give us a brief explanation of what you're doing in this job?

JH: In a nutshell, I'm responsible for all things as it relates to the electronic health record and associated application. So, that could be the portal. I also work on third party applications and anything that affects providers. I'm responsible for the digital experience for everyone from medical student and PA and NP students all the way through attending physicians.

HF: Do you get a lot of complaints or are you just handling unhappy physicians and others who are using the EMR?

JH: Oh, yes.

HF: You do?

JH: Yes. One of the things that is essential for this job is you have to have thick skin. When I give talks, I often have a picture of a knight with some thick armor because I feel like sometimes you need a little bit of a shield to navigate the complaints. But when I do field those complaints, what I try to remember and think about is that my colleagues are

trying to take care of their patients, and there's something that's getting in the way of them spending time with their patients. And while hearing the complaints is sometimes challenging and frustrating, resolving those complaints and making things better is really, really rewarding.

HF: I know this is probably not an easy question to answer, but we hear so many negative things about the EMR. What is your feeling about it actually being a real asset to physicians and being something they are championing themselves and feeling like it's really making their life better in a lot of different ways?

JH: I think the electronic medical record is one of those things that we expect to just work. It's like our cell phone. You want it to just work. And when it doesn't work, it's incredibly frustrating. And not working could include having to do duplicative documentation. It could involve having to do a bunch of extra clicks. It could involve things not necessarily being intuitive. And the electronic medical record vendors as well as those of us in informatics need to take those complaints seriously as we continue to try to iterate and come up with new improvements to make our systems more reliable and to bring more joy to physicians.

One of my main goals is to figure out how can I bring more joy to my colleagues as they practice medicine. I think we're at a significant time of burnout, and some of that has to do with the documentation burden. And so, if I can reduce the documentation burden and bring my colleagues more joy that provides me a lot of satisfaction.

HF: Well, it's interesting because the type two, the helper on the Enneagram is very, very focused on pleasing others. Their heart hurts often when they see others struggling or being unhappy. I'm sure the listeners can tell that you really do care, and this is a hard space to be in when you're wanting to please people and make them happy. But I think it's wonderful that you are standing in this current.

You had mentioned about vendors, and I wanted to just briefly touch upon what physicians might do working for companies that make the electronic medical record.

JH: Yeah. In addition to working at a healthcare organization, there's lots of opportunities to get involved in technology, both at vendors, your major vendors like your Cerner, Allscripts, Epic, Meditech, and also digital startups.

Providing medical consultation or being a CMO for a startup or for a technology company is also a great pathway for a physician. And I think initially in some of those different roles, they're really looking for you to provide medical oversight and clarity and help them understand the medical profession. Those are some great jobs that you could also consider. And they range from full-time to just partial time in consulting as well.

HF: I know sometimes when physicians consider this position, they think they need to code or be able to write the software, but that's really not true in most situations.

JH: No, absolutely. I have no idea how to code. I am working on becoming an Epic physician builder so that I can do more build and understand the system better. But no, you don't have to have a technology background. I think having a strong communication, both verbal and in writing is really important in this role. Having a desire to pursue leadership and a desire to make things better. You mentioned the helper and my heart hurting, and it is true. My heart definitely hurts at times when I can't fix things as quickly as I would like to. But one of the things that's really nice is there's a significant growing informatics community that you can connect with through AMIA on different message boards. We find solace in each other as we're trying to navigate tough times.

HF: That's really great, Julie. And you mentioned AMIA, and I'll link to that. The American Medical Informatics Association. You can go to one of their conferences, I'm sure there's people to network. That will definitely be in the show notes. I want to take a short break to share some resources with you, and then we'll be right back with Dr. Hollberg.



All right, my dear sweet listeners. You know I love telling you about the freebies on my site. I wanted to mention the starter kit. If you're at the crossroads and you're not sure whether you want to stay in medicine, what are your options? How to move forward? The starter kit, it's a great place to begin.

You can find this at doctorscrossing.com by going to the freebie tab at the top of the page and the starter kit is right at the top. This will even link to podcasts that you might want to listen to, blogs and have a lot of content to just help you start to think through this decision and get unstuck. That's the starter kit at doctorscrossing.com under the freebie tab. Now let's get back to our guest.

Hi, Julie. I'm glad to be back with you. I know we don't have a lot of time left and there's so many things to talk about, but let's just review a few more steps for someone who's interested in this area, whether in their healthcare system or for a vendor who might pursue.

JH: There's lots of different opportunities. One of the ones that I would strongly consider is looking at what are called 10 by 10 courses. These are 10 weeks long. They're offered by a variety of universities across the country, and you can learn more on the AMIA website about them. But they start in July and they culminate at the AMIA conference. AMIA also has a clinical informatics conference in the spring as well as its annual conference in the fall. And both of those would be great opportunities for you to get a better sense of what is involved in an informatics career.

And then for those coming out of residency or someone looking for more formal training, there's also full-time informatics fellowships. There are about 50 programs across the nation that are growing to be more and more popular. So, if you wanted to take a full year and really build your informatics knowledge, pursuing a fellowship might be another way to improve your knowledge.

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HF: Those are excellent suggestions. I had a couple of clients take that 10 by 10 course and they're offered at different universities. I think that's definitely worth looking into and the other things you mentioned. Are you able to give us any guidance about compensation for some of these different positions that we talked about?

JH: If you are in a physician champion role, or you're getting part of your time protected, typically that is at the rate for whatever rate you were already paid as a clinical physician. If you're a radiologist and they're purchasing 20% of your time, they're going to cover that at your radiologist rate versus what they would pay me as an internal medicine physician for that 20% is a little bit lower.

Now, if you're in a more formal role, such as being a CMIO, the compensation tends to vary based on the size of the healthcare system. But I would say somewhere between \$300,000 and \$400,000, \$450,000. Again, depending upon the size of the healthcare system.

HF: Well, thank you for sharing that information. That's very helpful. I know before when we were talking, before we started recording, you mentioned something interesting about artificial intelligence potentially being helpful for physicians and their documentation. I'd love it if you could touch upon that.

JH: Yeah, one of the things that's coming that is really exciting is recording of the conversations between physicians and their patients to then auto generate a note or at least part of the note. And I think that's something that's going to be really exciting. There's also a variety of other use cases for artificial intelligence in terms of combing the electronic medical record and serving up pieces of documentation. For example, maybe for me as a hospitalist, if I'm going off service, wouldn't it be great if we could use artificial intelligence to comb the EMR and generate the beginning of a sign out so that I could edit that sign out, but I wouldn't necessarily have to start that from scratch. Or

perhaps using artificial intelligence to comb the medical record and pull out discrete pieces of data to submit to a registry rather than you having to do manual abstraction of that data.

And obviously when pieces of data are already discrete, that's easy to pull that data out. But when you've got more free text blobs, it's a lot harder to pull that data out. But there's companies using artificial intelligence that I think are going to be really exciting again to help us fulfill our desire to bring more joy back to medicine.

HF: Artificial intelligence leading to joy. I love that. All right. So, to wrap up here, Julie, you've had quite the career progression. And often when physicians are looking at making a change going in a new direction, they have a hard time seeing how am I going to go from A to Z? It just doesn't seem possible. What enabled you to start at A and just keep going and have all this success?

JH: Persistence I think is the main thing. Persistence and a willingness to roll up my sleeves and help in all the different places that need help, even if it's not necessarily the most appealing project. I think if you're a dedicated and hardworking and persistent leader, you have a good chance of being successful in informatics. It's hard when budgets are tight and a version of the EMR isn't working very well and you're receiving a ton of complaints to keep coming back to the job. But if you are willing to do that and keep fighting for those successes, it can be a really rewarding career.

HF: We all know how to work hard. We all have that in us. I love that you mentioned persistence because we can all do that and find something that you love and it's not as hard to do. And it sounds like you found your passion.

JH: Yes, absolutely. I very much love trying to make things better for my colleagues and our patients.



HF: Where would you rate your career satisfaction, Julie, on a scale of zero to 10?

JH: I would rate my career satisfaction at an eight. And probably the things that keep it from not being a 10 is that there's limited resources, which is just the reality of the financial situation in healthcare right now. I think if not having all the resources to do all the different things that we would like to do is the main thing. That's a little bit frustrating. But I love working with my IT colleagues. I love working with my fellow providers and partnering with the nurses and the Chief Nursing Information Officer. It's really a very multidisciplinary team sport, which I really enjoy.

HF: Well, this has been a terrific conversation. I'm really honored to have you, and thank you so much for coming on the podcast.

JH: Thanks, Heather.

HF: All right. Thank you, Julie. All right, my dear listeners, if you think of someone who might like this podcast and find value in it, I'd love to have you share it. Just think of maybe one person, a friend, a colleague, someone you know from residency, and please share it and help the podcast grow and help out our fellow colleagues. Thanks so much for listening. Don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

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