

Podcast episode transcript: Travis Bias and Brandon Arruda

Travis Bias: Good morning. This is Travis Bias, Family Medicine Physician and Deputy Chief Medical Officer of our health information systems business with Solventum. Coming to you live, podcasting from our client experience summit here in sunny and warm, Dallas, Texas. I'm joined today by Brandon Arruda, Nurse Practitioner in Urologic Oncology at West Virginia University Medicine. Brandon, welcome.

Brandon Arruda: Good morning. Thanks for having me. I appreciate the time.

Travis Bias: Absolutely. Thank you for coming. We sincerely appreciate you coming and sharing your story with us. So Brandon has been one of our early adopters of our ambient clinical documentation solution, which is **3M™ M*Modal Fluency Align**, and he's an early adopter of generative and conversational AI to help alleviate the documentation burden on clinicians.

Yesterday, he said he's a self-professed tech nerd, so we're glad that he is one of these that is trying to use, and again, I don't want to steal your words, but trying to break our technology, but that's good. We need feedback so that we can improve quickly. I'd love to focus on the personal aspects of this technology as well as the professional, how this has helped you in both your work and personal lives and how this technology impacts, again, both your experience as a clinician, but also your patient's experience.

But first, let's set up the problem here a little bit. Talk a little bit about the administrative burden on clinicians and burnout that comes from that, and maybe a little bit about your own personal experience and what administrative burden means to you as far as the amount of time you spend documenting the electronic health record and how you typically organize that time, either during your workday or during after-hours time.

Brandon Arruda: Sure. All fair questions. And just in true transparency, the views, opinions are my own, right, so don't reflect that of my employer, the company that I'm employed with. But the administrative burden that clinicians, providers are faced with is ever expanding and growing due to the just complexities not only there that we fight with patients being sicker, living longer, and having more stable chronic conditions, but also with the requirements from a reimbursement standpoint. So, we're required to have more in the notes, more documentation, more finite detail, and it becomes such, almost like a rat race, trying to stay on that hamster wheel forever and ever and ever trying to get everything correct.

For me, pre-ambient technology, I spent a lot of my time pre-charting. So my Monday afternoons are typically my administrative half day, and I would spend probably a good hour to two hours just charting, prepping for week. It wasn't even actually seeing the patients, but it was just prepping for that week. Now, in that time period, I'm also double monitored, so I'm replying to emails, I'm scheduling other meetings, I'm working on this, that and the other. So, I'm never cognitively focused on just those charts, and it was a giant pain.

What has been amazing to me now is that utilizing ambient technology has cut that completely out of my life. So those four hours of administrative block time now are truly four hours of administrative block time. I'm not pre-charting. Okay, some people are going to say, "Okay,"

Brandon, but you saved 95 minutes a week. You saved maybe two hours." But that's just not two hours of me charting. That's two hours given back to different focuses on my life. That's already cognitive burden decline, that's less stress, and that's less tippity-taps on a keyboard where I can focus on other things such as growing an advanced practice fellowship program, such as growing myself as a clinician, such as, hey, maybe I leave early a day. Think about that.

Travis Bias: It sounds so simple when you frame it like that, and I think that's one of the keys when we're thinking about creating time for you somehow with technology, what you choose to do with that time. I remember if I got an hour and a half or two hours back, I had a long list of things that I would do. I mean, it would depend on the week, depend on the day, but I like growing the fellowship program. That's a great example of something that's your own passion. It contributes professionally to your organization, but it's also stimulating for you. It's a win-win, right? And so, I love that example of kind of things you could be doing with that additional time.

So, kind of continuing on with that thought, tell us a little bit more though. I mean that extra time that you're spending doing all that pre-charting, this kind of all the headaches I guess I would say metaphorically beforehand of spending extra time pre-charting and doing all these tasks that ideally technology is going to alleviate, talk a little bit more about how this burden of documentation, I mean is documentation the biggest headache for you? Or talk a little bit more about where that sits in your list of priorities and annoyances, I guess, throughout your work day, and how has this really impacted your personal well-being.

Brandon Arruda: The list of annoyances. Okay. I think I would say that while it is the most important thing that we can do aside from actually talking to patients is the clinical documentation, I do think that for me it is one of the most burdensome aspects of my job. And I think, while I won't go so global as to say that it's probably the biggest problem that providers face, I think it's one of those things that we're not overly prepared for when we get into clinical practice.

We're trained, right? We sit there and we know how to document, we know how to write a note, but just the idea of, "Okay, I have 30 of them today." Well, I have 30 of them, plus I have procedures. So that's an H&P, a procedure note, a discharge note. That's three notes, one patient.

The idea that professionally I can use a piece of technology, set it on a countertop, look at Travis like I'm looking at you right now, and just have a natural conversation and know that I don't have to have that cognitive burden of remembering, "Did they say the rash is on the left side or the right side? Was it the left ankle or the right ankle?" And I don't have to remember that they're having family stressors because that technology sitting there quietly taking that all in, that relieves a lot of that subjective stress.

I know, and I trust that while there's going to be edits and changes and things that I have to do on the back end, that's quick. That's a microphone pickup, that's a delete this insert this sign and done. And for me, what that gives me back professionally is that gives me back the time to spend with patients sitting down, looking at them, not staring at a computer screen. Personally, metaphorically and in physically, eye strain, headaches. Looking at a computer screen for 8 to 10 hours a day is taxing for anybody, and so if we can alleviate that, you're preventing burnout on a clinician and a provider.

And then you're saving time to do other things, other things that you find passion, that's your passion. Projects in life, like education, where we're teaching the next generation, or just getting some time back that when you go home for the end of the day, I heard it spoke yesterday at one of the sessions that providers are putting their kids to bed and then documenting from 10 p.m. till midnight. That's insane.

That's not sustainable in the short term or the long term. And what that does is that burns them out to where they become disgruntled, unhappy, uncaring providers, and that's not what we need in healthcare. We need empathetic, passionate, well cared for providers, and having technology to care for us allows us to care for them.

Travis Bias: I mean, you describing the documentation, thinking about and prioritizing documentation after putting my kids to bed, I just had a baby three and a half months ago, and the thought of putting her to bed, I mean, I want to go immediately to sleep or rest or do something to relax to recharge for the next day, so that just raises my stress level because I remember pre-charting in several different clinical scenarios, and all of that work that's put into just creating the documentation was the focus rather than the patient.

And so it sounds like using this technology has really lifted some of this burden from your shoulders and really turned that documentation into a byproduct of the encounter with your patient, so the patient is the focus rather than the computer screen and the documentation, which is obviously that is our whole goal. But tell us a little bit more practically, how are you using this technology? What's this documentation workflow within Epic? So that people using really any electronic health record can start thinking about, is this the magic wand? I don't ever have to touch my keyboard again. Or like you said, maybe there's a few edits at the end of the note. What does this look and feel like now that maybe you're not doing any pre-charting or you're still doing a little bit, tell us practically what that looks and feels like.

Brandon Arruda: Yeah, well, that's been a journey, as you guys call it, an adventure. And as I had mentioned yesterday, that adventure has been riding a roller coaster or a wave, so to speak, really up and down, kind of working through how does this change my workflow every day? But I'll give you a good example of how it's utilized in my career currently in the current state that it is. And ambient technology, depending on the solution that you utilize, is going to vary, right? It's kind of like, which beach do you like? Do you like a quiet beach or a loud beach? And it's all going to depend on which product you throw in.

With the current solution that I'm utilizing, I simply am handed a chart. I already know what patient it is. A lot of the time it's a patient that I already know. I pull them up on the application. As I'm walking to the room, I'm simply going, "Okay, what am I going to talk about?" Knock on the door and hit a button. That's it. That's it. Phone either goes back on my hip, or I walk in, and I'll start talking with the patient and just set my phone gently down.

Now, I think with all types of listening technology, there has to be some type of understanding that, "Hey, you're being recorded. And I think that was a question that was brought up yesterday is how do you inform a patient that they're being recorded? Because not a lot of people are going to be like, "Yeah, hey, there's a piece of alien technology that's listening to me and recording everything I say." And the way around that, at least in my field, and what I do is I generalize it, is I make it very commonplace. I go, "Hey, Jim, I have a virtual scribe with me today and this virtual scribe is just helping me make sure that I capture everything that's important to us in our visit." And I've had zero complaints, right? Because most people know

that you have your phone with you, right? They're playing on their phone, I'm playing on my phone. It's commonplace.

And so that natural conversation just becomes so much easier because nobody's stressed. The virtual scribe is there doing its virtual thing, and we are there helping take care of illness. And so we do the whole visit, right? Calling out a physical exams has always been natural, at least for me, because in my training as a nurse and a nurse practitioner, I was taught, "Tell your patient what you're hearing, feeling, seeing or touching because that puts them at ease and helps them know what they're dealing with." So calling out physical exams has been routine, and then I will typically just wrap up with the patient. I'll pop some orders in for them right there in the room, and I'll tell them, go, "Hey, front desk staff will get you all checked out. You have a great day."

And then as they leave, I'm going to take 20 seconds, I'm going to pick up my phone, and then I'm going to add in what little bit of assessment and plan that is important to me that I think is very critical data points that I want to make sure that gets captured in my style and how I want it to look, feel, and read. And again, that's going to depend on the solution that any given company utilizes on how that's going to look, feel, and read. But what I have found is that I hit that send button, I hit generate note, and I walk out of the room, and I can maybe go retouch up my coffee cup before the note pops into my EHR, but once I'm there, it's a nice quick review, skim it, may make a few little line adjustments, some line break changes, put a number one or a number two, and then I'm sending them, done.

Now think about that. What has that offered us? That's offered me a casual conversation, that's offered me quality time with patients, that's offered me a non-rushed feeling. Now 30, thirty-some patients a day, that's rushed, that's busy, but it's given something that people will talk to you about in the personal relationship world or finance world or faith-based world. It's called breathing room. Where's your breathing room? And they talk about breathing room in your finances, right? Do you have a margin? Do you have a bit of cushion in your life? Because so many people run around with no cushion, right? They're paycheck to paycheck. And now, I'm getting off base, but it applies so much in what we do as clinicians is that the clinician has to have breathing room and margin in their day, and this has provided margin.

Travis Bias: No, I love that, and I've never heard it described that way, but it makes me think about taking a deep breath and the many times that I ended my week with 30 charts to sign on Friday evening that I knew I had to get through before I could even start my weekend. And all week long, I just wanted to sit down, maybe take a sip of my espresso and knock out a few charts or not have to knock out a few charts or maybe make it easy. But I like your description of what you are particular about editing your notes, which I think a lot of clinicians are actually, they actually do care about making sure they've documented things completely and accurately, that the formatting is there, but you don't have to spend, you're focused on those pieces. You're fine-tuning it rather than starting from scratch either with dictation or with typing or copying forward.

And so I think the way that you describe using this technology with your patient's acceptance, I think, is another key. I think when we are deploying any kind of new technology or intervention or process change, people will accept it when it's clearly demonstrated what's in it for them. I think for patients, the moment that they notice that you are not going to be focused on the computer screen and typing while they're sitting there maybe tearing up, trying to tell you a story, or they're shifting, there's some nonverbal cue that you're completely missing because you are focused on the computer screen looking something up, most patients are relieved that

they can just have a normal conversation with you, make eye contact with you, let you kind of really take it all in what they're trying to tell you.

They've taken off a half day of work to come see you, to come talk with you in person for a reason. And the fact that you're able to kind of perceive that, pick up on that, and dive deeper with them and spend your time doing that, I think shows any patient the value in this and probably quickens their adoption and acceptance of this.

So, you've kind of described a little bit of this, but what else would you say? How else has this really helped create time for you either to spend with your patients, to spend time, like you said, personal life, maybe you go home early, spend time with your family or friends, and even maybe just improve your overall professional satisfaction with practicing?

Brandon Arruda: I think from a professional standpoint, it has given me back a lot of that time. It's provided my margin, it's provided my breathing room. And I mean, it's hard to describe because I have personally rode the waves of the ups and downs, and I'm sure there's more to come as the ambient technology improves and solutions are created that now start to encompass different and more enhanced parts of patient care.

For me, at this current moment professionally, what it's given me is time that I can either spend with patients or time that I can pursue other parts of my career. And that then translates into my personal life because dinner at my home is between 4:30 and 5 every day. My wife, God, love her, she's a beautiful cook, and that's her love language, so she'll cook dinner, and the message I get every day is ETA, and that's going to come around 4:30.

The goal now with pre-charting out of my life, note closure still the same day, and very minimal, for me personally because of how I've trained my infant, trained the ambient, because I can quickly sign off notes. The goal now is that in my personal life, when I get that text on my car, it says ETA, I'm less than five minutes from the house. That's never been my normal. It's usually been, "I'll be home by 5." Or, "I'll be home by 5:15." That's my normal. This has allowed for a new normal, so that's given me breathing room in my personal life. It's given me more time with my kids.

Now, I don't do pajama time. That word was completely foreign to me when I started this journey. I'm like, "What is pajama time?" Right? I refused. I don't work at home very rarely, unless something's going completely nuts. And it is something that I don't wish for any clinician to have to do, and that's where solutions like this technology really open the door for a better work-life balance. Because as things get more and more complex and crazy, I've heard the term insulation, insulated, quite a bit over the last couple of days. And you have to protect the clinician at times, right? They have to be insulated away from a lot of that burden because otherwise they're going to get sick and then they become the patients. So ambient technology has given me back time in my life, time with my kids, time with my wife, and I'm super excited to see where this space evolved into. I mean, the idea that technology such as this can potentially one day just remove a keyboard from life completely is just mind-blowing, terrifying, Skynet reality perhaps. I mean, we don't know, right? But it's very, very exciting.

Travis Bias: A couple key things there that I want to touch on. So your comment about taking care of our clinicians is, I'll never forget the first day of my second year of medical school and our phase director, the guy who was in charge of the entire second year, stood up, and he said, "This is going to be a very busy year. This is going to be a year unlike any other that you'll need

to focus and work hard, but you can't take care of others unless you take care of yourself first." And at the time I thought, "Wow, that is such a self-serving way of thinking." And I mean it totally resonated with me once I was out in practice. I was completely burning out. I was having palpitations, I was so stressed running from point A to point B, and you're not able to be completely present for your patients if you are not taking care of yourself.

And so, part of that is standing up to or making your commitments, what's the word I'm looking for? Meeting your commitments. Is that what you say? Meeting your commitments? Part of that is meeting your commitments with your wife, with your spouse, with your relationships. And that is showing up on time for a dinner that a lot of love and work has been put to make. I'm completely with you on pajama time. You and I are going to finish our notes before we leave work, but that might mean you're leaving work later, and you're not meeting those commitments. That is something that will harm you personally and professionally, potentially, if you are not thoughtful about how you're managing your time during your work day. So, I appreciate you sharing that story because it completely resonates with me.

So, let's conclude. You have been through, like you say, this journey, roller coaster. I kind of like that term. There's lots of ups and downs. I think that's completely fair. Over the last couple of years you've learned a lot, seen a lot. What suggestions would you have for others who are about to start adopting these ambient documentation solutions in any type of organization across the country? Or across the globe, actually, this technology is becoming prevalent and popular globally.

Brandon Arruda: That's an awesome question. So first off, don't be scared, don't shy away. And the reason I say don't shy away is because I believe that this technology in this space is going to revolutionize how we document in healthcare. I think it's coming no matter whether you're ready for it or not. I think the kicker is going to be how you as the clinician decide that you want to play in that space because you're going to have to play in that space. So don't fight it. Do your research, understand what it means, and determine how that technology, just like the phone in your pocket, the watch on your wrist, how that technology can be leveraged to help you better yourself and better the lives of your patients.

The other thing I say is be patient. This isn't perfect. Nothing is perfect. I mean, I sit here with one eyeball and a bald head, so obviously the mold got broken at some point. The idea that ambient technology is 100%, never going to fail, never going to be bad, always going to be perfect is an illusion, and I think that it requires an understanding that some are farther ahead, some are a little behind, some are in the middle, and it's a race. Competition is great, it's healthy. And the solution that you personally use in your practice or your organization utilizes has to be able to tailor not only to the needs of the organization but also the needs of the patient and the provider. Because ultimately, if the clinician provider doesn't like it, it won't be used. It just won't be used.

And then lastly, Travis, I say this because as parents, we understand this, is that you have to train it. You have to be able to say, "No, Jimmy, don't do that. I don't like that. Jimmy, this is what we're going to do." And I think that while some solutions may be a five-year-old out of the box, some solutions may be a 10-year-old out of the box, some solutions may be an infant.

And I think where the kicker lies is that it's all in how no matter what you get, it's where and how you train and the effort you put into it as the clinician because you ultimately get out of this solution what you put into the solution. And if you don't do anything with it, and you don't teach

it, train it, mold it, grow it, it's like a child. You're not going to see that return in your child when they're now the 25-year-old successful entrepreneur because you trained them to grow up and do hard work and work well, just like you trained your ambient technology to grow up and do what you needed it to do. And so I think it's one of the biggest pieces of advice that I can give people is that be patient, figure out what works for you, and don't be afraid to train it and teach it what you, as the clinician, want.

Travis Bias: I think that really makes this technology feel approachable by any kind of clinician really, to start thinking about how they can make it work for them, to augment their work, to suit their style, to suit the types of patients and types of visits they're having. And so I appreciate your guidance there for all clinicians thinking about adopting such technology. I had not thought about the child metaphor, so I appreciate that.

I appreciate your approach, your storytelling. I think you're going to need to start your own podcast at some point, or we need to have you back on repeatedly because I think the way that you humanize using such technology, I think people hear AI, they hear ambient documentation, and it's this kind of nebulous thing that people have a hard time concretely thinking about, how is it going to help me even though I've been documenting or working in a certain way for the last decade or two? And so I appreciate you making it feel a little more approachable, talking a little more practically about how you are using it in your daily practice and how you've made it work for you successfully. So Brandon, thank you so much for joining us. I really do appreciate you taking the time, and I hope you enjoy the rest of your week here at CES.

Brandon Arruda: Thank you so much for having me.