

8 things physicians are saying about their EHRs

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Most physicians today have major issues with their electronic health record (EHR) systems, but regulatory requirements mean they must use the technology or face penalties. Read physicians' thoughts about their EHRs—and what can be done to improve them.

A new survey from AmericanEHR Partners found that from the perspective of physicians, the significant investment in EHRs over the past few years is failing to offer significant returns.

The survey results echo findings from the AMA's 2013 study, conducted in partnership with the RAND Corporation, which found EHR systems to be a major contributor to physicians' professional dissatisfaction.

The physicians surveyed for the AMA study expressed concern that current technology requires physicians to spend too much time on clerical work, putting up barriers to providing high-quality care. The AMA study also revealed that EHRs were more costly than anticipated and didn't provide the technology needed to interact with other systems, causing difficulties in transmitting patient information.

Here are eight key insights physicians shared through the AmericanEHR survey:

- **Many physicians feel their EHRs have had a negative impact on costs, efficiency and productivity.** Close to one-half of respondents reported negative effects on total operating costs and said they had yet to overcome productivity challenges. Nearly three-quarters reported negative impacts on the ability of the EHR to decrease their workload.
- **Even though more physicians are using EHRs, the overall satisfaction with these systems has declined.** In a similar survey administered five years ago, the majority of respondents reported that they were satisfied with their EHR. Now, more than one-half say they are dissatisfied. According to the survey, only about one-third said they were satisfied or very satisfied with their system.
- **Physicians' assessment of EHR ease of use is declining.** In almost all cases where comparative data was available, fewer respondents reported that specific functionality was

easy or very easy to use or that it had a positive effect on their practice.

Physicians have to address the additional workload that EHRs impose. Some practices are employing scribes to address the increased data entry requirements—nearly one-quarter of respondents said they already employed scribes or were planning to do so.

Documenting a progress note for encounters is becoming more difficult. The number of physicians reporting that it was easy or very easy to document a progress note decreased from 64 percent of respondents last year to 46 percent of respondents this year. Meanwhile, just over one-third of respondents said they found it difficult or very difficult to document a progress note, up from about one-quarter last year.

The most significant positive impact of EHRs is on the time spent processing prescriptions and refills. Most respondents were positive or neutral on the amount of time it takes for their staff to process prescriptions and refills with the EHR. Less than one-third were negative about this aspect.

Total practice operating costs stay the same or increase after EHR deployment. Slightly more than one-half of respondents said total practice operating costs increased, and 20 percent reported that total practice operating costs remained the same.

The longer a respondent used their EHR system, the more likely they were to report it had a positive impact. In most cases, it appears to take at least three years for respondents to overcome initial challenges and experience any benefits their EHR system may offer. Still, more than one-half reported that they still had issues.

Access the full report online. AMA members get 50 percent off the purchase of the report.

How the landscape is changing

Improved health IT is a piece of the AMA's Professional Satisfaction and Practice Sustainability initiative. Through this initiative, physicians are calling for overhauled EHRs.

One of the products of the initiative is STEPS Forward, a new online series of proven solutions developed by physicians to help practices thrive. Educational modules help doctors address a range of common practice challenges, including selecting an EHR vendor and implementing an EHR system.

The AMA also is embedding the voice of physicians in efforts to make EHRs work better for physicians and patients through the SMART project. Through this work, a special group of health IT leaders is building an infrastructure that allows for free, open development of plug-and-play apps. Such apps are intended to increase cost-effective interoperability across health technology, including EHRs.

Finally, the AMA is addressing regulatory issues that have important implications for EHR use. Last month, the AMA hosted a town hall in Atlanta to get first-hand reports from physicians about their

EHRs. The message was loud and clear: EHRs have potential, but frustrating government regulations have made them almost unusable.

At the event, Dr. Stack asked physicians to contact their members of Congress and ask them to halt Stage 3 of EHR meaningful use until the program is fixed. The AMA has been calling for the Centers for Medicare & Medicaid Services to stop Stage 3 to assess how changes to earlier stages of the program will affect physician participation and success.

Meanwhile, both chambers of the U.S. Congress recently took action on meaningful use. Rep. Renee Ellmers, R-N.C., introduced her Further Flexibility in HIT Reporting and Advancing Interoperability Act (Flex IT 2 Act), which would provide more flexibility in the meaningful use program and ensure EHR systems address interoperability challenges. The bill also would pause Stage 3 rulemaking to align it with technology advancements and the new merit-based incentive payment system, which will combine current quality programs.

Sen. Lamar Alexander, R-Tenn., chair of the U.S. Senate Health, Education, Labor and Pension Committee (HELP), also asked U.S. Secretary of Health and Human Services Sylvia Burwell to consider a delay in the release of the final rule on Stage 3.