

AMIA Pre-Symposium
The EHR Usability Symposium 2011:
Usability Present and Future

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Physician Use of EHRs

- Many physicians – though not that many – have adopted EHRs - but more are planning on it.
- Physicians are getting there but they have a ways to go.
- According to widely cited 2010 HHS data:
 - 50.7% of physicians reported using all or partial EHR systems.
 - 24.9% reported having systems that met the criteria of a “basic” system (up from 14.2% from 2009)
 - 10.1% reported having systems that met the criteria of a “fully functional” system, a subset of a basic system (up 46.4% from 2009).

What's Taking Doctors So long?

Usability

- There is a direct correlation between EHR adoption and the usability of an EHR.
- According to the HIMSS EHR Usability Task Force:
 - “...usability is one of the major factors – *possibly the most important factor* – hindering widespread adoption of EMRs.”
- Excessive click through screens, design limitations, display menu design, overly engineered systems that attempt to mirror intuitive actions, and alert overload are factors that directly discourage the uptake of EHRs.
- Functionality that deters correct coding must be removed
 - Timesavers like templates and cut and paste functionality must not result in faulty physician documentation. Physician work must be properly documented to establish correct billing.

Cost

- EHR financial incentives are attractive to many physicians but given the high up-front costs and ongoing maintenance fees, there are still hurdles especially for smallest practices
- Adopting an EHR must make business sense for a practitioner

Uncertainty

- Most doctors, especially those in the smallest practices, have no idea what type of system to buy
- Fear of audits and legal liabilities

MU EHR Certification and Usability

- EHR products should support physician practice workflow, clinical decision-making, and should enhance processes aimed to improve health outcomes.
- Current EHR certification for MU does nothing to address usability concerns
- Aggressive MU timeframes and implementation criteria are not allowing for adequate consideration of the impact of EHR usability
- Physicians need more help deciphering which EHR will work best for them
 - RECs can help but help needs to be expanded to help more doctors including specialists

Improving EHR Usability

EHR Design

- Physician end users should be involved at all levels of the EHR design process so that usability issues can be addressed from the

Transparency

- More transparency is needed around usability testing so physicians can know whether, or to what extent, systems have been tested and proven safe and effective in clinical practice prior to purchase.
- An independent body that focuses on usability standards development should be established which includes practicing physicians.
- Best practices for EHR usability standards should be developed.
- ONC should track patient safety issues raised to vendors on a nationwide basis through these reporting processes and use them to improve certification process.

Certification process

- ONC should incorporate EHR usability standards into the certification process, monitor EHR usability needs, and incorporate improvements on a continual basis.
- Certification process include specific testing to ensure coding recommendations are consistent with coding guidelines and data entered

Legal Issues

- Liabilities associated with the use of EHRs should be further explored by the Certification and Adoption Workgroup and solutions for minimizing legal risks should be recommended.

Two Steps Forward, One Step Back?

- Aggressive MU timeframes and implementation criteria are not allowing for adequate consideration of the impact of EHR usability
- Can not use a “one-size-fits-all” approach to meeting MU.
 - Not all measures / objectives are appropriate for each physician
 - Exemption category is critical
- Stages 2-3 must incorporate sufficient flexibility to accommodate a variety of practitioners
- Evaluation of Stage 1 participation is needed to adequately inform requirements for Stage 2.

Stage 2 MU

- Usability issues should inform certification process
- Requirements that are posing barriers in Stage 1 must be examined and revisited.
- Recommendations by Health IT Policy committee for Stage 2 are too aggressive and rigid.
 - Measures should factor in relevancy - exemptions are needed when requirements have little relevance to a practitioner.
 - Reasonable reporting thresholds are needed.
- Measures that require adherence from a party other than the physician should be removed (e.g., patient's accessing patient portal, labs reporting test results).

AMA Survey of Medical Specialties

- AMA queried the medical specialty societies last spring on Stages 1 and Stage 2 (proposed by HIT Policy Committee):
 - Ability to meet measures
 - Applicability of measures
 - Color dashboard depicts results
- 21 medical specialties responded:

- American Academy of Dermatology
- American Academy of Family Physicians
- American Academy of Neurology
- American Academy of Ophthalmology
- American Academy of Orthopaedic Surgeons
- American Academy of Otolaryngology- Head and Neck Surgery
- American Association of Home Care Physicians
- American Association of Neurological Surgeons/Congress of Neurological Surgeons
- American College of Chest Physicians
- American College of Physicians

- American College of Radiation Oncology
- American College of Radiology
- American College of Surgeons
- American Congress of Obstetricians and Gynecologists
- American Gastroenterological Association
- American Geriatrics Society (geriatrics)
- American Psychiatric Association
- American Society of Anesthesiologists
- American Society of Cataract and Refractive Surgery Specialty
- College of American Pathologists
- Infectious Diseases Society of America

CPOE Example #1 from Dashboard

	Anesthesiologists	Cataract and Refractive Surgery Specialty	Chest Physicians	Dermatologists	Geriatricians	Home Care Physicians
REQUIREMENT						
CPOE						
Stage 1						
Ability to meet	E		M	Y	N	M
Applicability	N		Y	Y	Y	Y
Stage 2						
Ability to meet	Need E	Y	M	Y	N	M
Applicability	N	M	Y	Y	N	Y

Y Yes, can meet requirement or yes, requirement is applicable
M Can maybe meet requirement
N Can not meet requirement or would be extremely hard
E Exemption applies
Need E Needs exemption
Blank Cell No response received

Green shade Few problems meeting
Yellow shade Some problems meeting
Red shade Very hard to impossible to meet

Provide patients with electronic access – Example #2 from Dashboard

	Anesthesiologists	Cataract and Refractive Surgery Specialty	Chest Physicians	Dermatologists	Geriatricians	Home Care Physicians
REQUIREMENT						
Provide patients with electronic access						
Stage 1						
Ability to meet	N		Y	M	N	M
Applicability	N		Y	Y	Y	Y
Stage 2						
Ability to meet		N	Y	M	N	M
Applicability		N	Y	Y	Y	M

Exchange Key Clinical Information – Example #3 from Dashboard

	Anesthesiologists	Cataract and Refractive Surgery Specialty	Chest Physicians	Dermatologists	Geriatricians	Home Care Physicians
REQUIREMENT						
Exchange Key Clinical Information						
Stage 1						
Ability to meet	N		N	Y	N	M
Applicability	Y		N	Y	Y	Y
Stage 2						
Ability to meet		N	N	Y	N	M
Applicability		N	N	Y	Y	M

For more information on AMA Survey....

- www.ama-assn.org/go/hit
 - Select “Incentive Programs” then “Medicare / Medicaid EHR Incentive Program”
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