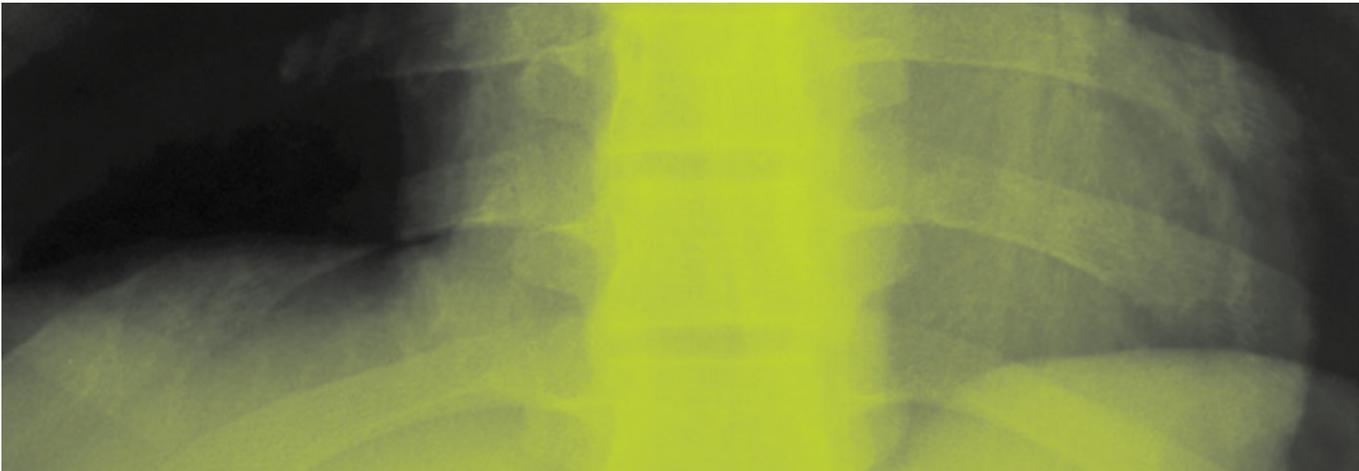


SHARPC's 3rd Annual Pre-AMIA Symposium, *The EHR Usability Symposium: Physician Perspective*

MARI SAVICKIS





Physician Use of Technology



Physician Adoption of EHRs

- Significant uptick in past few years driven in large part by HITECH
- Physicians are at a “tipping point” in terms of EHR adoption
 - CDC Data from 2012: 72% of doctors are using EHRs
 - But 40% of them are just using “basic ” ones that can’t meet MU
 - CMS MU data from 2013: >50% of eligible professionals (mostly doctors) have received an MU incentive.



“Digital Omnivores”

- Doctors are not “technophobes” but poorly designed and implemented EHRs are challenging uptake
- Too often, however, doctors are painted as being anti-technology
- Some doctors embrace technology to a lesser degree than others, but the reality is that physicians are frequently on the cutting edge of new technology
 - Physicians using iPads: 72% according to Manhattan Research
 - According to epocrates.com :
 - “By next year, 9 in 10 healthcare providers will use smartphones, and nearly as many will have adopted tablets.”
 - And almost half those surveyed are considered “**digital omnivores**” (clinicians who routinely use a tablet, smartphone and laptop/desktop computer in a professional capacity).
- Doctors also use cutting edge technology in their procedures, readily adopting new treatment methods and tools to improve patient care.



How Satisfied are Doctors with their EHR?



Use Up, but Satisfaction Down

- While EHR use has increased, adoption challenges persist
- The question, therefore, is why are physicians having more difficulty in adopting EHRs than other complex technology, and how can we remove these barriers?
- Primary care and internists are “early adopters” and they are struggling with MU criteria:
 - ACP estimates that half of their physicians who met Stage 1 won’t participate in Stage 2.
 - AAFP estimates that approximately 20% of their physicians who received an incentive in 2011 did not try to earn an incentive in 2012.

American EHR Survey

- 139-question online survey on nationally certified EHR use and satisfaction
- Looked at barriers to meeting MU
- Surveys conducted in conjunction with 10 different professional societies between March 2010 and December 2012
- 4279 respondents – mix of small, medium and large practices
- Key takeaway – physician satisfaction with their EHR is going down

EHR Products by Satisfaction & Attestation

- 3 [Top 10] EHR Products by user satisfaction (**e-MDs**, **MEDENT**, **Practice Fusion**) are also Top 10 products by attestation (2012)
- Average satisfaction rating - 3.39/5 (n=4,029)
- These EHRs comprise 6.5% of attestations

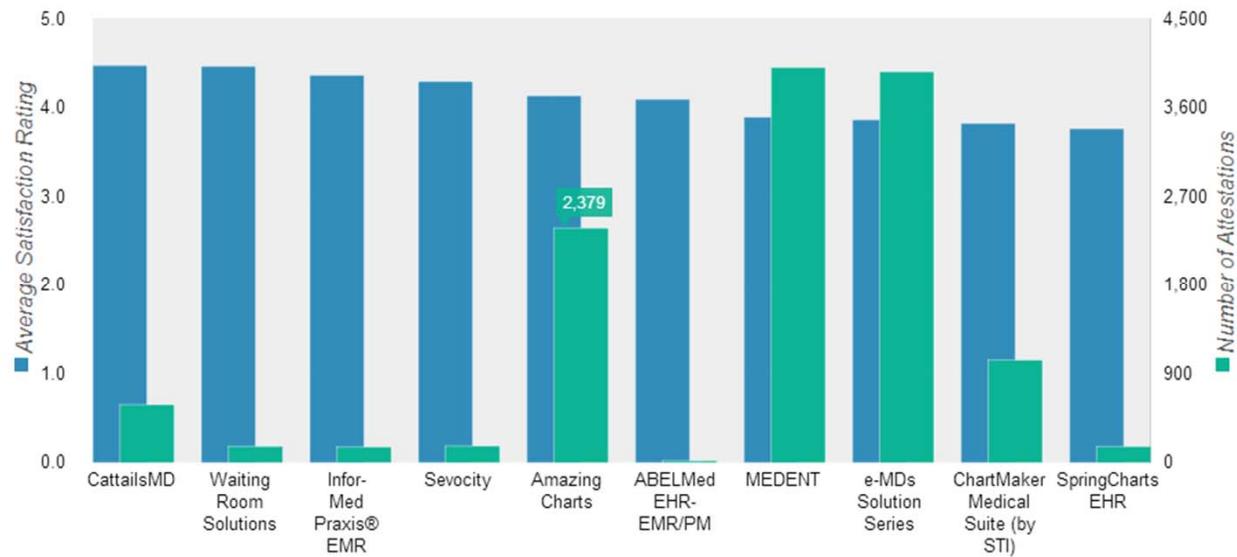
Source: American EHR



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EHR Products by Satisfaction & Attestation As of August 1st 2013



Source: American EHR



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Surveyed Physician Quote

- This system is extremely dysfunctional, adds to **workload**, and has the potential to create dangerous patient situations. It is completely non-intuitive and does not generate any useful population-based data for our facility.

Jan 2011 – Infectious Diseases – 8 FTE - Academic Medical Centre

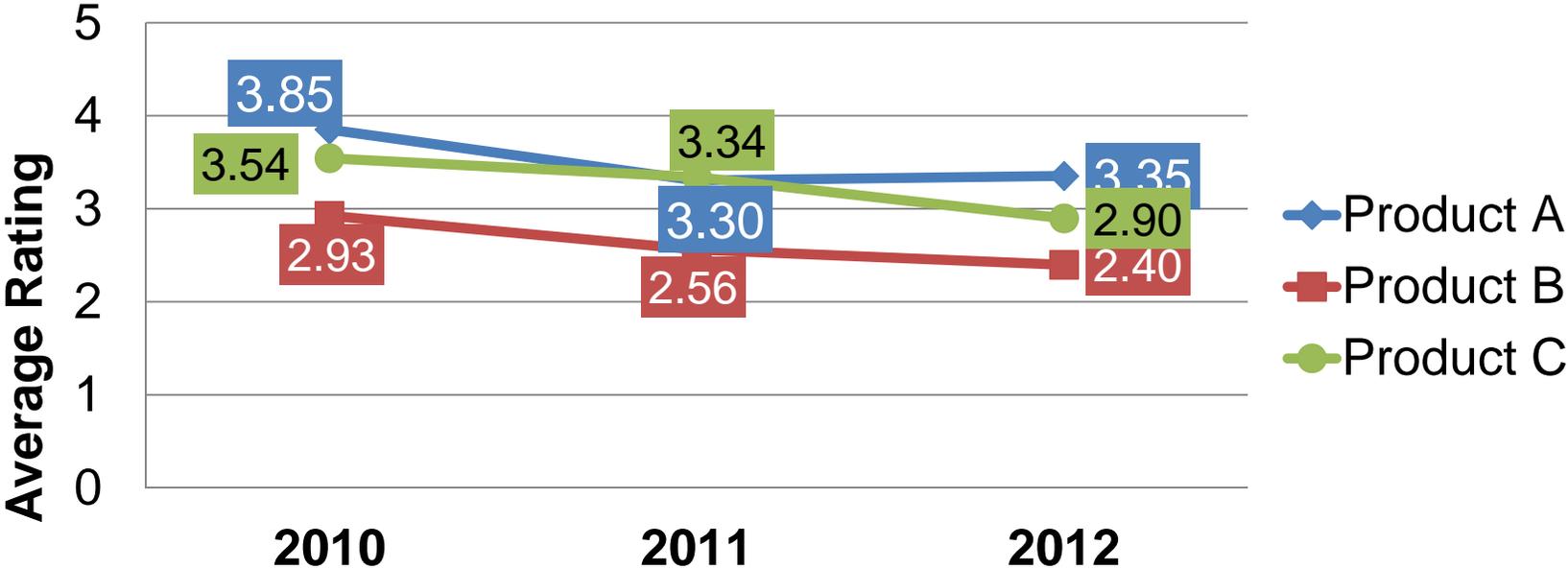
Source: American EHR



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Average Satisfaction with Ease of Use Over Time for 3 Most Rated EHR Products



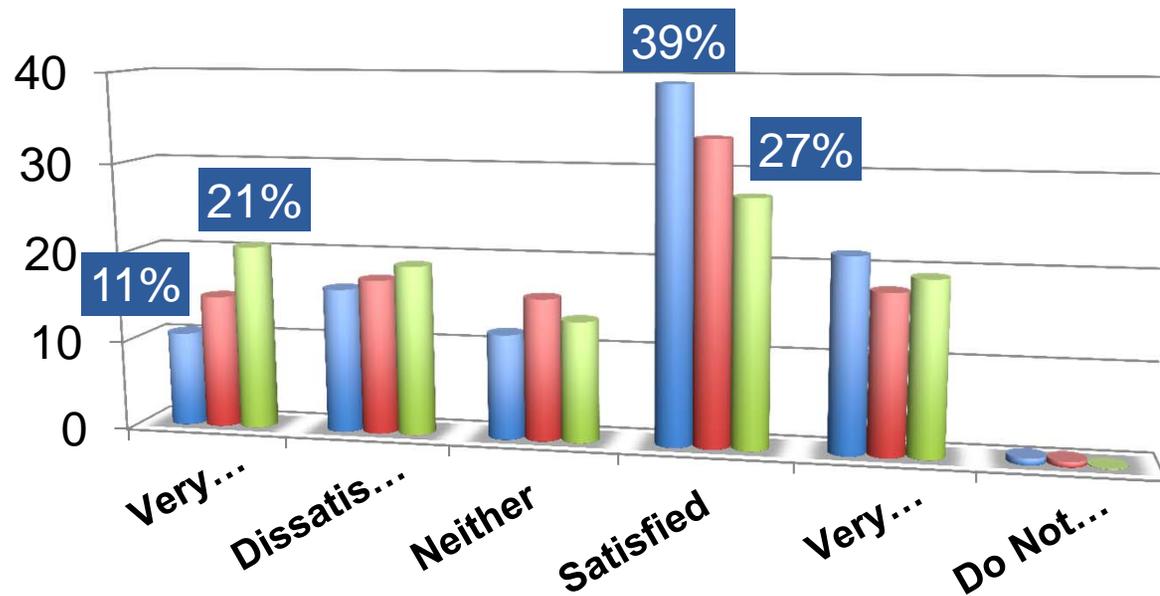
Source: American EHR



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Overall EHR User Satisfaction



■ 2010 (n=408)

**10% increase
in very
dissatisfied
users from
2010-2012**

Source: American EHR



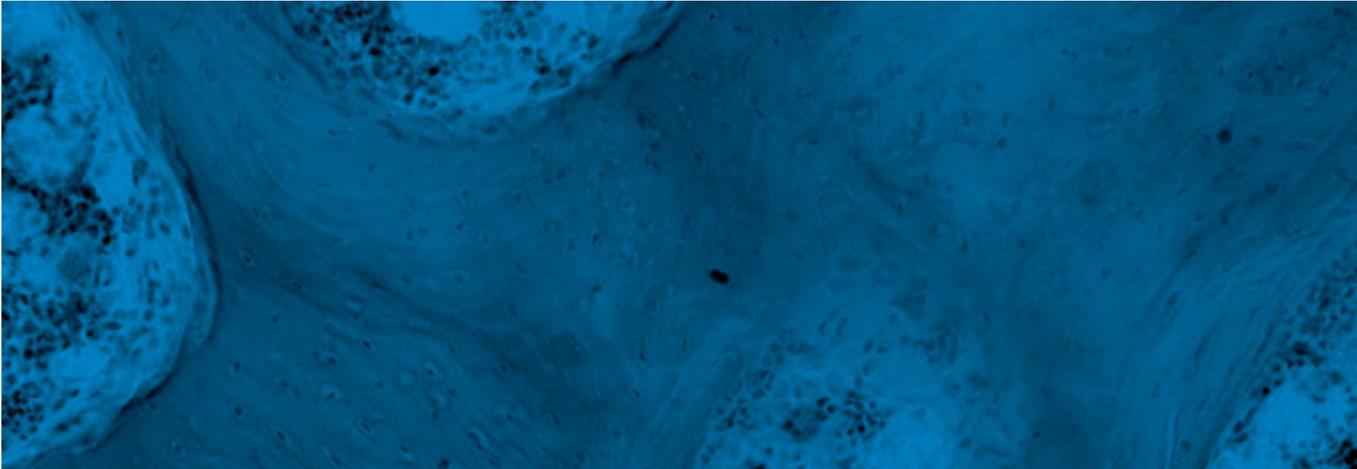
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RAND Report

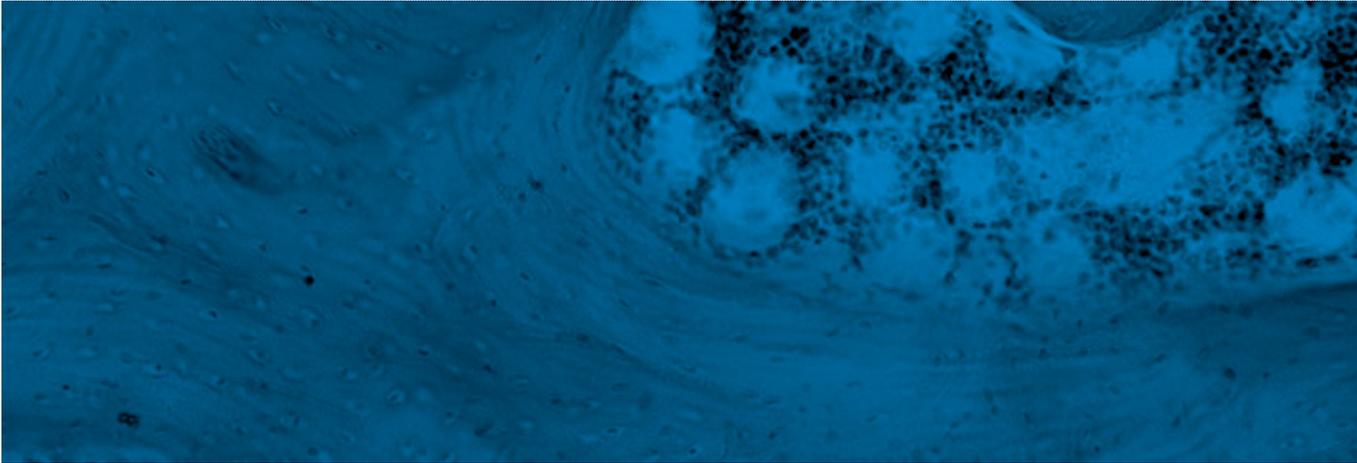
- The AMA commissioned RAND to examine factors related to physician satisfaction and the implication for payment and delivery reform
- RAND explored in depth 30 practices of all sizes in 6 states
- RAND didn't have any preconceived notions about the findings
- Study released in October found physicians view EHRs and MU are among the most significant challenges that physicians face
- Study located at:
http://www.rand.org/pubs/research_reports/RR439.html

Flavor of the Frustration

- “Every Screen’s got 50 different things, you know, that are changing. It slows me down. So, I do a lot of my charting at night...But, the problem is I’m spending more hours doing it than I would have before. We have XXX, which you have to be careful of, because I just [dictated] a ‘Patient’s prostate is bothering him’ and it turned out ‘Patient’s prostitute is bothering him.’ You really have to read careful, because I can end up going to court with that stuff.”
 - Primary care physician



Meaningful Use



Meaningful Use

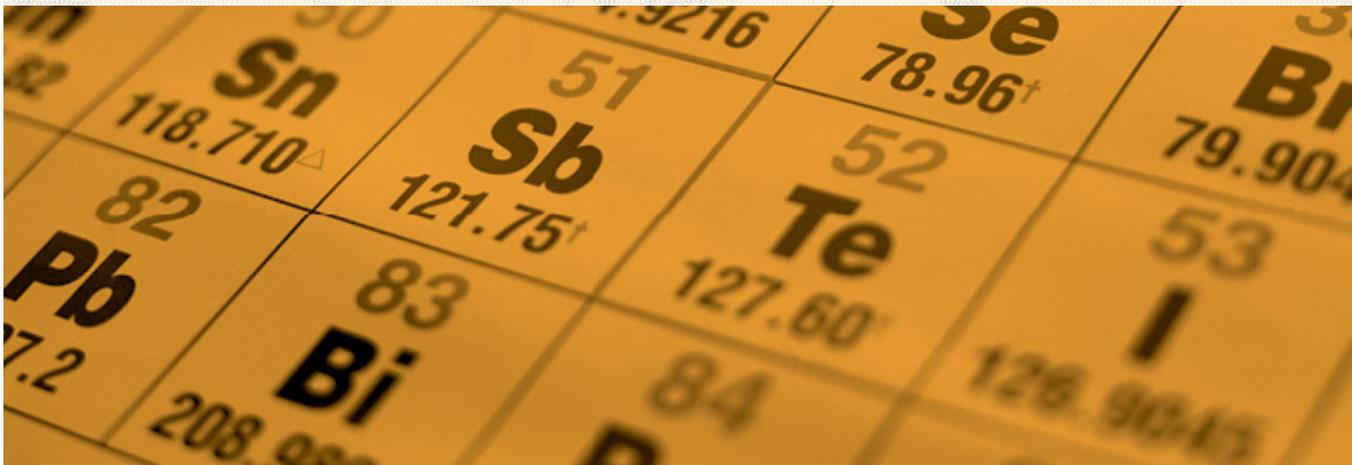
- Physicians, despite their appetite for technology, are struggling even in MU Stage 1 and part of this is directly attributable to the challenges they are having with certified EHRs.
 - Tight statutory deadlines for both vendors and physicians
 - ONC vendor specs not available right out of the gate
 - Data portability costs
 - Pipeline issues
 - Not all doctors have a certified Version 2014 product
 - Only 2/3rd who had Version 2011 product now have Version 2014
 - Even if all products are V2014 certified by January 1, physicians must get in line for installs
 - October 1 last day to certify for MU to avoid 2015 penalties – same date as ICD-10 compliance

The Numbers

Year	EPs eligible for incentive	EPs at risk for penalties	Incentive	Top 3 Participating Specialties	Average Incentive Paid
2011	573,551	89.8% did not participate	\$18k	<ol style="list-style-type: none"> 1. Family Practice 19% 2. Internal Medicine 18% 3. Cardiovascular 6% 	\$18,000
2012	588,156	69% did not participate	\$12k - \$18k	<ol style="list-style-type: none"> 1. Family Practice 18% 2. Internal Medicine 16% 3. Cardiovascular 6% 	\$17,203
2013	527,000	40.81% not paid 58.32% did not participate 23.12% not registered	\$8k - \$15k	<ol style="list-style-type: none"> 1. Family Practice 20% 2. Internal Medicine 18% 3. Cardiovascular 7% 	\$14,393



Recommendations Moving Forward



What can be done to improve EHR usability today?

- Things that can be done both within and outside regulatory framework
- Don't want to wait until "Stage 3" to solve problems
 - While re-opening rulemaking could be helpful, it's also unlikely
- Can work proactively with vendors to identify issues, and AMA is having these conversations and engaging the vendor community

What ONC and Vendors Can Do

Recommend ONC urge vendors to:

1. Not include gag clauses (that prohibit providers from sharing software problems or concerns with anyone but the vendor) in their contracts with physicians and post online which vendors require gag clauses.
2. Provide contractual, pre-defined specifications on data migration fees and good faith plans on maintaining certification requirements. An online list of vendors who charge data migration fees should be posted.
3. Include independent (vs. vendor employed) physicians and other end users during the development and testing process, take into account different training levels and appropriate specialist designation, and disclose their process for incorporating end users in design and acceptance testing. ONC should make available online information that indicates whether the vendor uses independent vs. employed physicians.
4. Post all vendor test reports online.
5. Work with CMS to obtain data on physician satisfaction of their EHRs, which could be done through existing OMB-approved data collection vehicles such as the attestation process and the Medicare Provider Satisfaction Survey.

ONC should also:

1. Require vendors to report to ONC when a product has failed certification with one ONC ATCB and to make this information publicly available online.
2. Disseminate survey results on usability experiences based on practice size, specialty type, and geographic location and incorporate this feedback into future certification processes.

See AMA July 23rd 2013 testimony to HITPC on implementation and usability concerns with use of EHRs:
ama-assn.org/resources/doc/washington/health-it-policy-committee-testimony-23july2013.pdf



What else is the AMA doing to improve EHR usability?

- Advocating for a more flexible and less punitive approach to meeting MU Stage 2
 - Tough to navigate systems may hamper a physician's ability to meet MU – another reason why more flexibility is needed to meet MU
- Promoting the need for greater interoperability
 - AMA is a co-founding member of Healthway (formerly the NwHIN)
 - We sit in the Implementation Workgroup of the HITSC
 - We sit on / participate in several HITPC workgroups
- AMA website in MU www.ama-assn.org/go/meaningfuluse

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