
EHR SURVEY

TO: TRIBAL HEALTH DIRECTORS
FROM: KATIE JOHNSON, EHR INTEGRATED CARE COORDINATOR
SUBJECT: EHR SURVEY
DATE: FEBRUARY 4, 2013

Hello all

Enclosed is a Medscape Survey of over 20,000 providers asking them to rank various electronic medical records. We found the results interesting, and wanted to provide the full survey to you. We can discuss further at the April THD meeting, or before if you'd like.

There are a couple of things to point out:

- VA-CPRS made the survey – which is essentially the RPMS EHR – and did very well. In recent discussions on electronic records related to Meaningful Use that I had seen, VA-CPRS has been left out because VA providers were generally not eligible for the MU Incentive programs.
- Many have seen a decrease in productivity (26%) when moving to any electronic record, but a similar number of respondents (23%) reported more efficiency.
- Attitudes before and after adoption of an EHR did not change much in the survey – those that were in favor, mostly remained in favor of EHRs, while those that fought it, mostly did not change their minds after one year of use. The old adage: Attitude is everything may be at play here.
- The slide on web-based options with some vendors – an option particularly for our very small sites??

503-416-3272

kjohnson@npaihb.org

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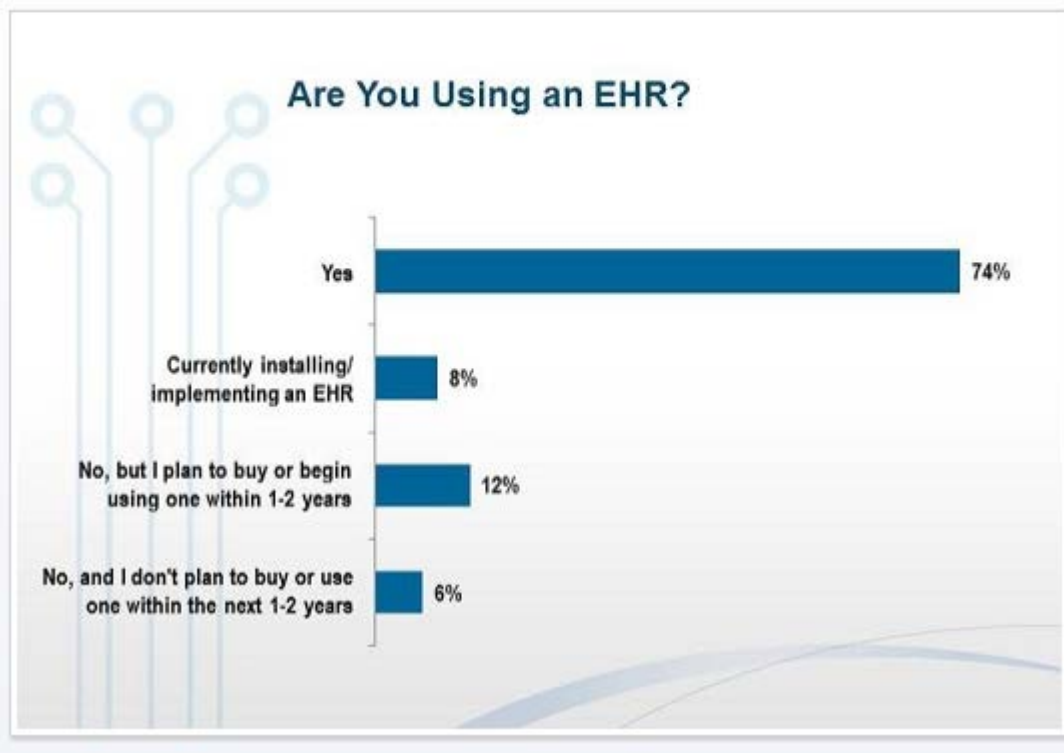
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- Total respondents: 21,202 respondents across 25 specialties
- Fieldwork conducted by Medscape from May 30 to June 15, 2012
- Data collected by third-party online survey collection site

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Electronic health record (EHR) use has reached critical mass and has become an accepted part of medical practice. For physicians for whom EHR is not yet a way of life, it probably will be soon. Fully 82% of respondents either currently use or are in the process of implementing an EHR.

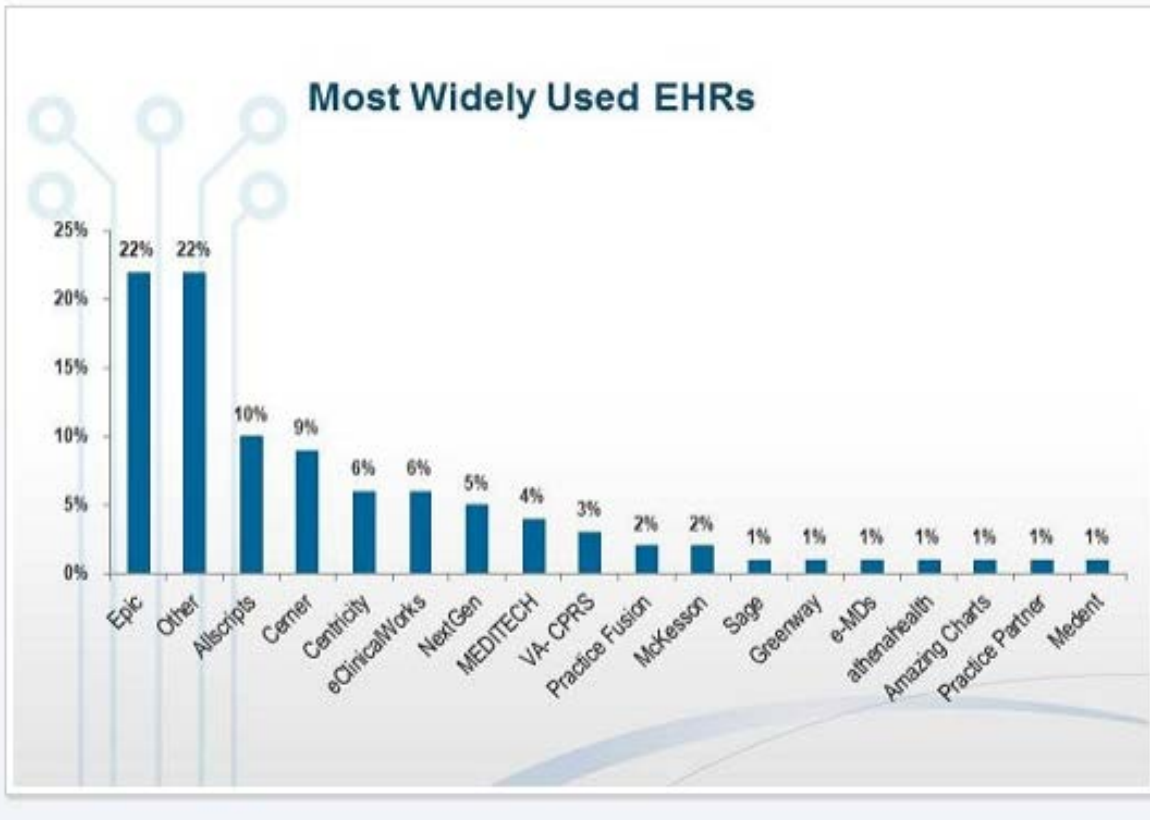
"You don't need to be a weatherman to know which way the wind is blowing," said one internist.

In Medscape's 2009 Reader's Choice EHR survey, only 38% of respondents were using an EHR. At that time, more than a third said they didn't have an EHR and didn't plan to get one. Famous last words: In our 2012 survey, only 6% of respondents said they plan to remain without an EHR.

"Incentives have put everything on the front burners for physicians," says Ronald B. Sterling, CPA, MBA, national EHR expert, Silver Spring, Maryland, and author of *Keys to EMR Success* (Greenbranch Publishing). "They said to themselves, 'If the government is going to pay me to get an EHR, I can't not do it.'"

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The EHR brands used by the largest percentage of respondents are Epic (22%), Allscripts (10%), and Cerner (9%). (Note: This chart represents frequency of usage, not ranking of satisfaction.)

Many physicians are using EHRs other than the 17 major brands listed. The category "others" represents a large number of EHR brands, including MediNotes, SOAP Notes, QuadraMed, specialty-specific EHRs (eg, Wound Expert), and custom EHRs (ie, "hospital-developed system," "we wrote our own").

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We asked physicians to rate their EHRs on a scale of 1 (dislike most) to 5 (like most) for 12 factors: (1) easy to learn; (2) ease of data entry; (3) overall ease of use; (4) ease of EHR implementation; (5) reliability; (6) adequacy of vendor training program; (7) vendor continuing customer service; (8) interactivity with other office systems; (9) value for the money; (10) physician overall satisfaction; (11) staff overall satisfaction; and (12) appearance/overall usefulness of the end product (notes, consultations, etc.)

In Medscape's 2012 survey, the 5 top-ranked EHRs were Amazing Charts, Practice Fusion, VA-CPRS, and Medent. In Medscape's 2009 survey, the top-ranked EHRs were Amazing Charts, MediNotes, VA-CPRS, Misys (now Allscripts), and Practice Partner and eClinicalWorks tied for fifth place.

(Note: The survey analysis did not weight results by number of users of each EHR brand.)

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The Best-Ranked EHRs

Details (slide 1 of 3)

1 = Poor 5 = Excellent

	Amazing Charts	Practice Fusion	VA-CPRS	Medent	e-MDs	Epic
Easy to learn	4.59	4.31	3.82	3.78	3.76	3.37
Ease of data entry	4.28	3.97	4.00	3.64	3.62	3.56
Overall ease of use (intuitive)	4.43	4.02	3.85	3.63	3.66	3.38
Ease of EHR implementation	4.33	4.17	3.85	3.63	3.51	3.21
Reliability	4.26	4.11	4.32	4.04	3.86	4.06
Adequacy of vendor training program	3.64	4.02	3.52	3.40	3.40	3.52
Vendor continuing customer service	4.08	4.14	3.69	3.61	3.44	3.57
Interactivity with other office systems	3.51	3.07	3.41	3.33	3.18	3.33
Value for the money	4.61	4.75	3.92	3.46	3.51	3.32
Physician overall satisfaction	4.36	4.03	4.00	3.61	3.55	3.49
Staff overall satisfaction	4.17	3.92	3.97	3.75	3.61	3.50
Appearance/Overall usefulness of the end product	4.23	3.86	3.98	3.78	3.71	3.71

Many factors were considered in the rating of an EHR. Some vendors shone in certain areas, while others had strengths in different realms. "Easy to learn" and "easy to implement" were among the most important factors that respondents considered, because for most, those factors marked their introduction to the EHR. Readers appreciated EHRs that were more "intuitive" because they allowed users to more easily figure out aspects of operation when instructions were not available.

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Details (slide 2 of 3)

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	athenahealth	eClinicalWorks	Sage	Centricity	Cerner	Greenway
Easy to learn	3.61	3.49	3.45	3.38	3.30	3.21
Ease of data entry	3.41	3.41	3.28	3.24	3.20	3.04
Overall ease of use (intuitive)	3.43	3.33	3.29	3.22	3.05	3.04
Ease of EHR implementation	3.42	3.24	3.19	3.15	3.06	2.85
Reliability	3.88	3.67	3.65	3.58	3.53	3.60
Adequacy of vendor training program	3.37	3.13	2.96	3.11	3.21	2.83
Vendor continuing customer service	3.57	3.18	2.98	3.09	3.22	2.88
Interactivity with other office systems	3.03	3.02	2.94	2.85	2.91	2.78
Value for the money	3.25	3.34	3.08	3.04	2.96	2.88
Physician overall satisfaction	3.38	3.36	3.12	3.14	3.00	3.04
Staff overall satisfaction	3.41	3.40	3.27	3.17	3.03	3.06
Appearance/Overall usefulness of the end product	3.43	3.74	3.38	3.34	3.20	3.35

Some EHRs scored fairly well in several factors but less well in the areas of vendor training program and vendor continuing customer service. Those factors can be very important because physicians and other users do not want to feel stuck with no one to troubleshoot problems or answer questions after the initial installation and training take place.

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The Best-Ranked EHRs

Details (slide 3 of 3)

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	Allscripts	MEDITECH	Practice Partner	McKesson	NextGen
Easy to learn	3.24	3.24	3.23	3.24	2.98
Ease of data entry	3.08	2.91	3.10	2.97	2.82
Overall ease of use (intuitive)	2.97	2.85	3.09	2.96	2.70
Ease of EHR implementation	2.90	2.94	2.93	2.87	2.66
Reliability	3.39	3.37	3.09	3.19	3.34
Adequacy of vendor training program	2.97	2.97	2.65	2.99	2.84
Vendor continuing customer service	2.98	2.98	2.51	2.93	2.86
Interactivity with other office systems	2.74	2.66	2.54	2.61	2.59
Value for the money	2.84	2.83	2.85	2.73	2.63
Physician overall satisfaction	2.86	2.71	2.88	2.75	2.62
Staff overall satisfaction	2.91	2.74	2.89	2.77	2.74
Appearance/Overall usefulness of the end product	3.10	2.91	3.14	2.93	2.87

A key factor was appearance/overall usefulness of the end product. An EHR ultimately needs to present information in a way that is easy to understand, easy to work with, and is user-friendly. Interactivity with other office systems is also critical; if the EHR operates with other systems, other office functions can be made more efficient

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Best-Ranked EHRs by Practice Size

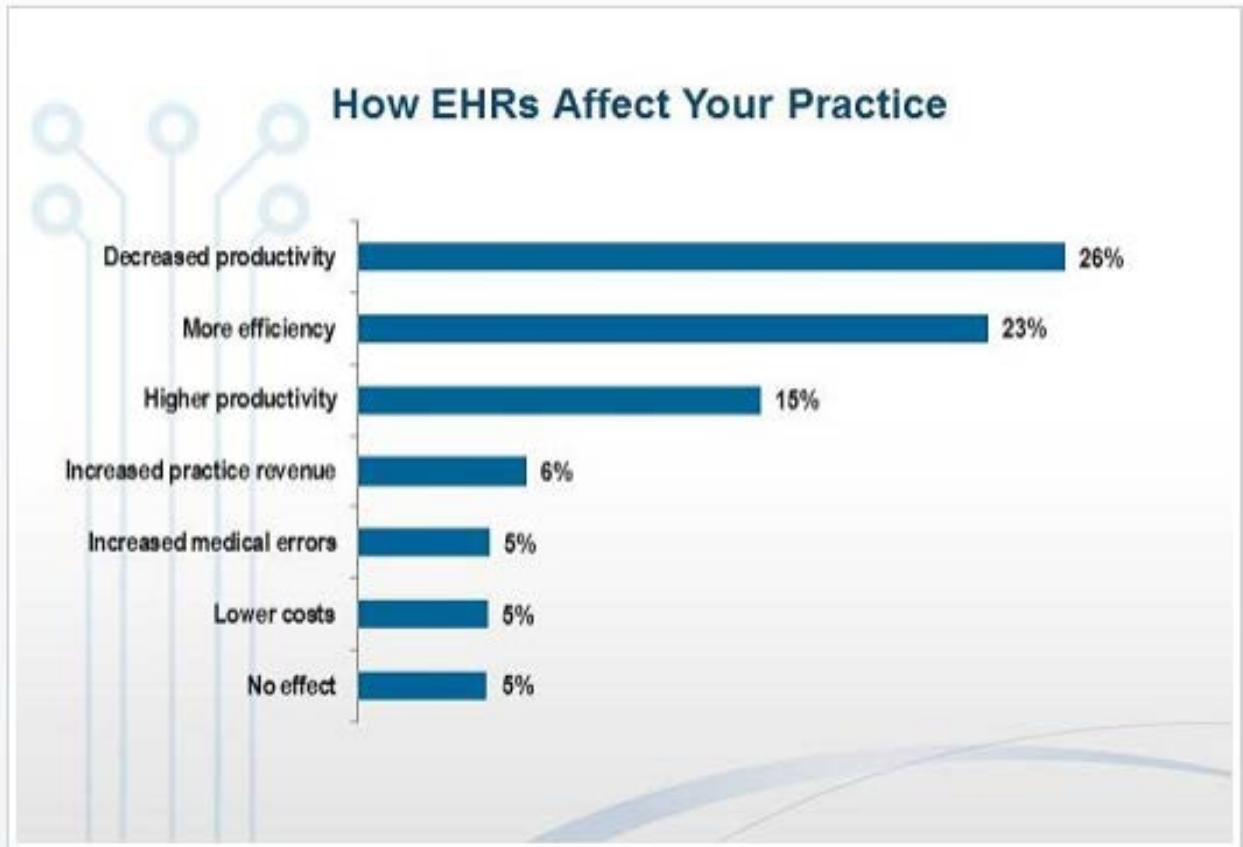
Number of Physicians	1st	2nd	3rd	4th
1-2	Amazing Charts	Practice Fusion	Medent	athenahealth
3-5	Amazing Charts	Practice Fusion	Medent	athenahealth
6-10	Amazing Charts	VA-CPRS	Practice Fusion	Epic
11-25	Amazing Charts	VA-CPRS	Medent	Epic
26-100	VA- CPRS	Epic	Medent	Practice Fusion
>100	e-MDs	VA-CPRS	Epic	Practice Fusion

Some EHRs are tailored for larger practices and have more options and capabilities. The choice of EHR is heavily influenced by practice size, which also affects the amount of money available to purchase a more sophisticated EHR system. This results in smaller practices favoring certain EHRs and larger practices choosing others.

The overall satisfaction rankings for EHRs reflected this practice-size selection. Among the larger (26+ physicians) practices, top choices were VA-CPRS, Epic, e-MDs, and Medent. Smaller practices gave high rankings to Amazing Charts, VA-CPRS, and Practice Fusion.

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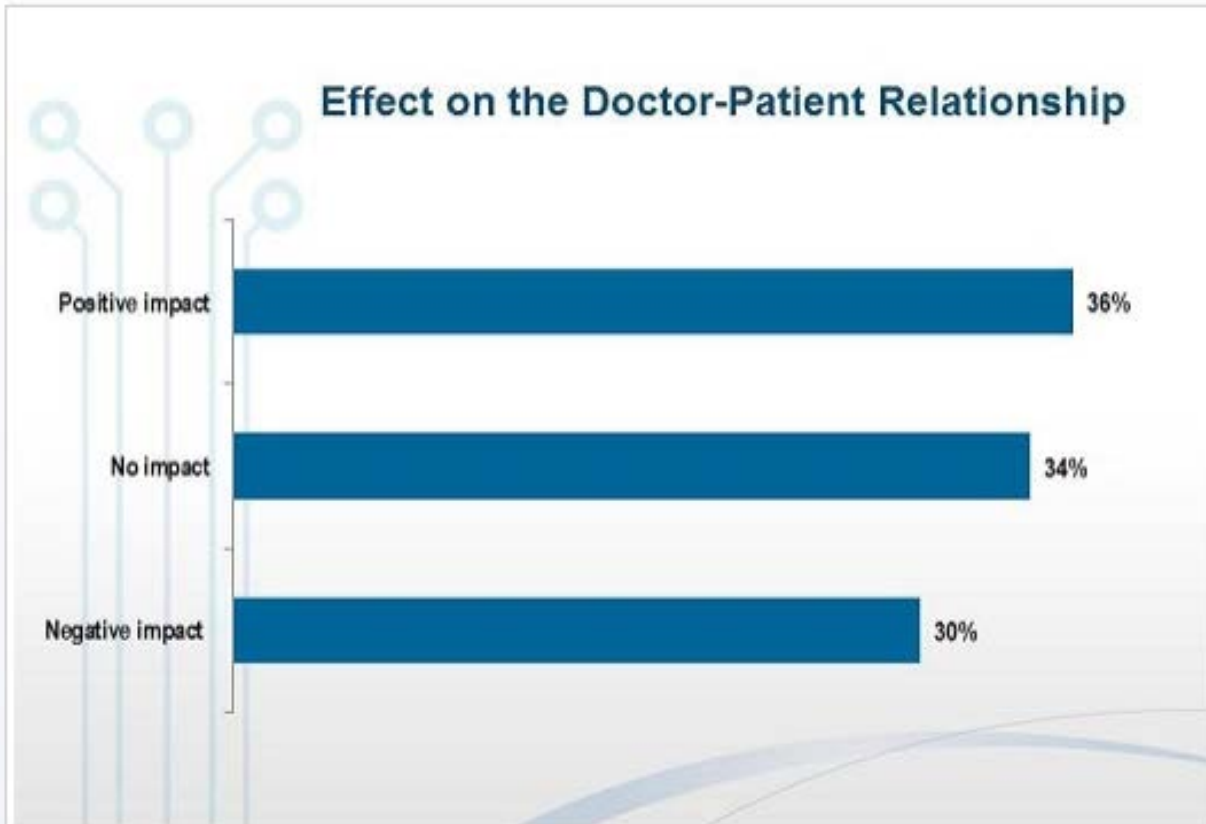


EHRs have a profound effect on medical practices, whether positive or negative. Only 5% of respondents said the EHR had no discernible effect on their practice. More doctors said the EHR decreased rather than increased productivity (26% vs 15%). Almost a quarter of physicians noted increased efficiency (23%). About 6% said the EHR increased practice revenue. An increase in medical errors was noted by 5% of respondents.

"Productivity often declines because the doctors are now doing their own record-keeping," says Sterling. "A lot of times, the doctor never really learned how to use the system correctly and is fighting the system. The system says, 'Go through these steps'; the doctor says, 'I don't like it that way' and does his own thing. It's contingent on how well the doctor worked that EHR into the patient model."

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Physicians were about equally split between whether the EHR worsened, enhanced, or had no effect on the doctor-patient relationship. Slightly more doctors said it had a positive effect (36%) than a negative effect (30%).

Of doctors who said it had a negative impact, a whopping 82% said it was because of less eye contact with the patient; 75% said there was less conversational time, and others gave a variety of answers: "Frustrated MDs do not make compassionate providers," said one neurologist. "I feel like I'm treating the computer and not the patient," said a family physician. "There's more focus on documentation than on the patient during the patient visit."

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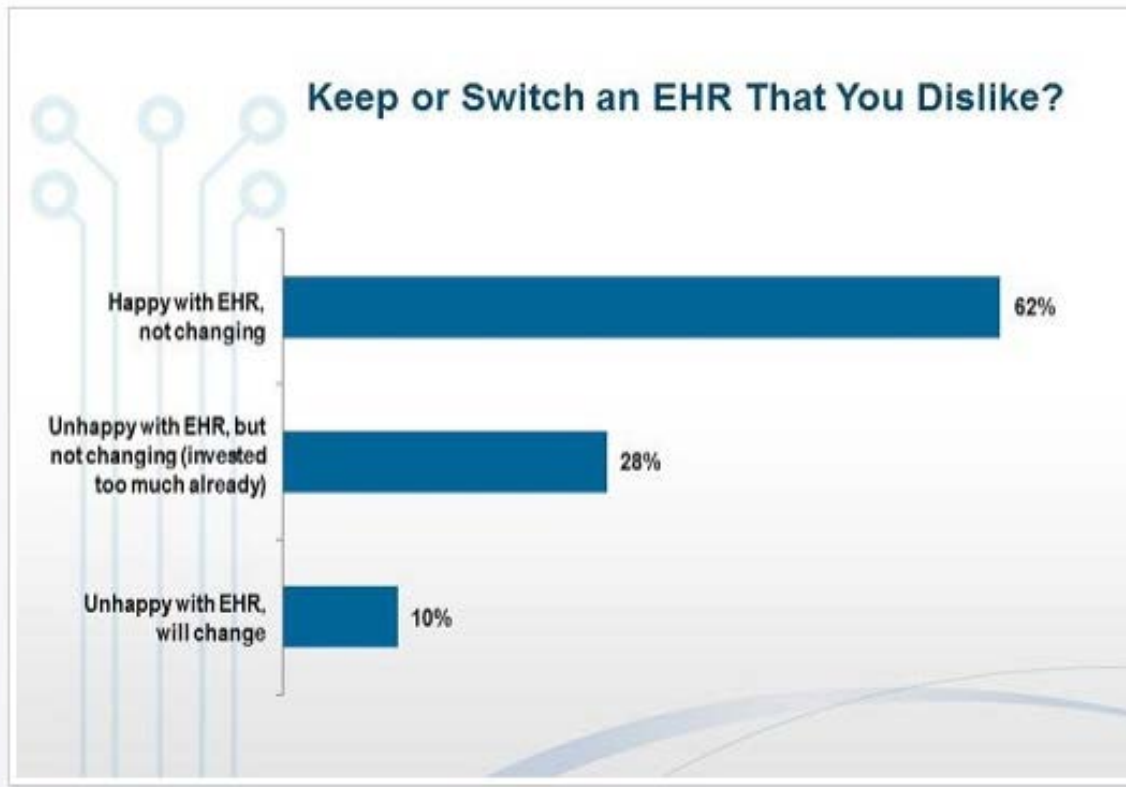
Vendors have a huge impact on physicians' EHR experience. Doctors often differentiate between the EHR product itself vs satisfaction with the vendor.

"The doctor purchased the EHR through a salesperson, and the salesperson asked all the right questions about operational challenges," says Sterling. "Now the job gets turned over to the vendor's implementation person, who is starting from zero again. Then, most vendors turn it over to their support staff. The support staff doesn't know anything about the doctor; they've never been to your office. They try to jump into the fray, but often they don't understand the context of your organization and may not be giving advice targeted to your situation."

Readers had mixed reactions about their vendors: "The vendors are talented people with very little educational training, teaching novice users who have high demands of themselves and the trainers," said one respondent. "They are very conscientious about making improvements and corrections," said another.

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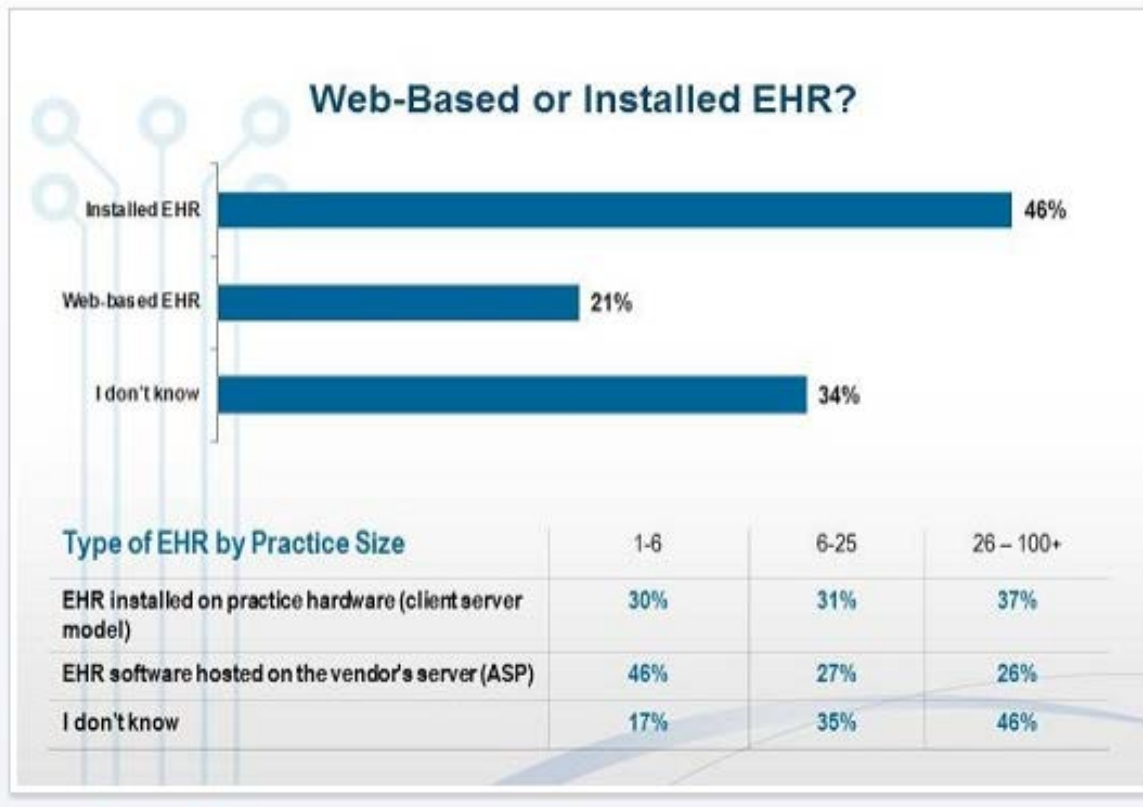


Some physician practices cried "uncle" after having a thoroughly unsatisfactory experience with their EHR. Others felt they had put too much time, money, training, and effort into their current EHR; no matter how difficult their experience with it, they decided to grin and bear it rather than lay out more money and subject themselves to more hassle.

A large number of physicians say they're stuck with someone else's decision: "I'm not happy with the EHR, but I don't have the authority to change it"; "The hospital chose it; I have no choice in the matter." Another physician commented, "I am happy with it, but it is not certified and I have to buy another."

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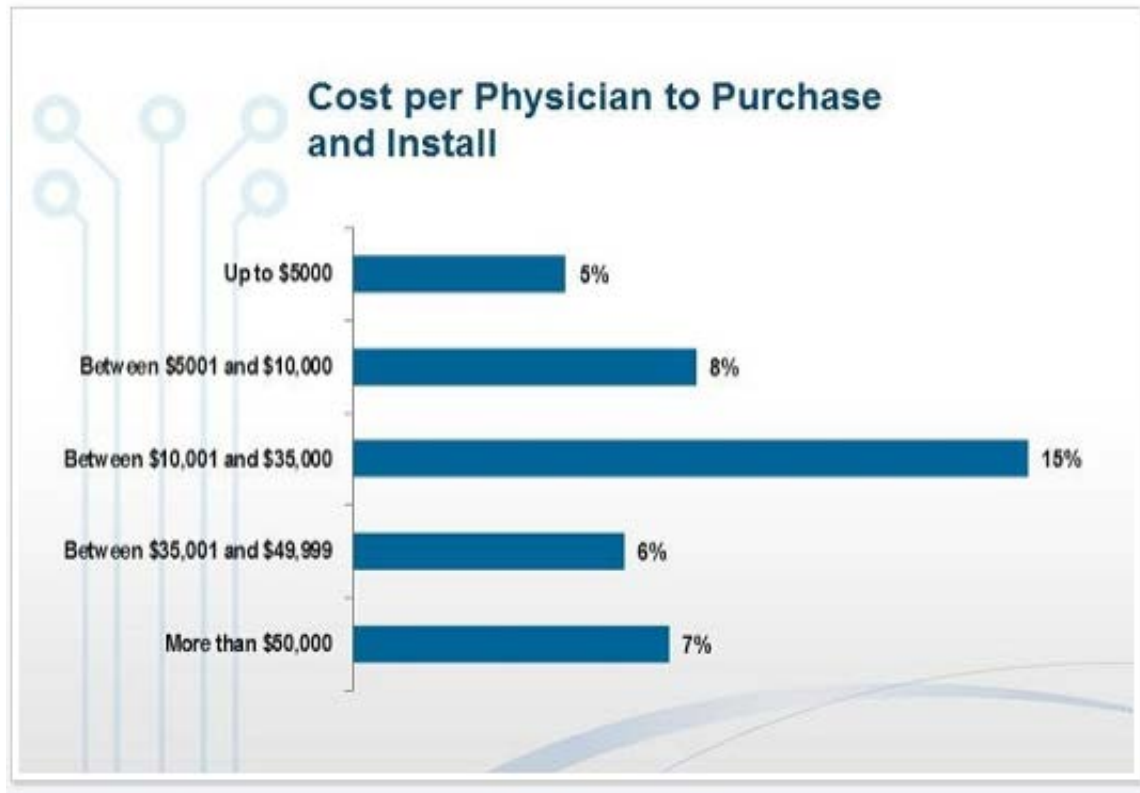
"Many vendors offer both Web options and internal (installed) EHRs, and more vendors are now offering Web-based EHRs," says Sterling. "It's a better business model for the vendor.

"You'll be paying as long as you will have that product," says Sterling. "You'll end up paying more for the Web solution, paying for the license component, than if you had paid yourself and had installed an EHR."

Still, the current financial outlay for an installed EHR is more than many small practices want to budget for, and if no one on a small staff is particularly tech-savvy, then many practices will balk at dealing with hardware and server issues.

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Costs varied greatly for practices with an installed vs a Web-based EHR. Physicians working in hospitals or large facilities often were not aware of the installation cost. Of those who were aware of costs, the most frequent range was between \$10,000 and \$35,000.

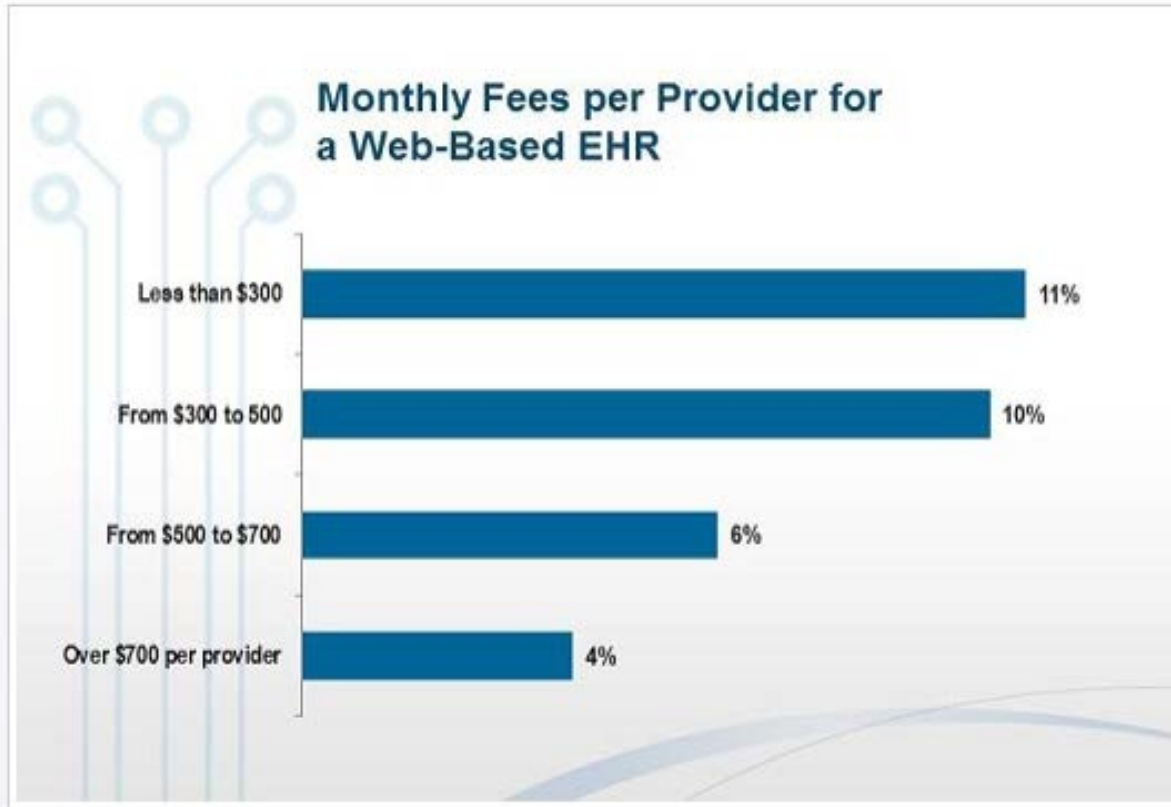
"There is the downside of jumping in early," said one respondent. "We have colleagues locally who paid less than half for the same product; we paid around \$75,000 per doctor."

Some respondents saw the costs from a more macro perspective: "The cost was \$70 million for the hospital and outpatient practices," said one.

The majority of respondents replied, "I don't know"

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Monthly service fees vary, and some services are free (because the Web product includes paid advertisements to physicians).

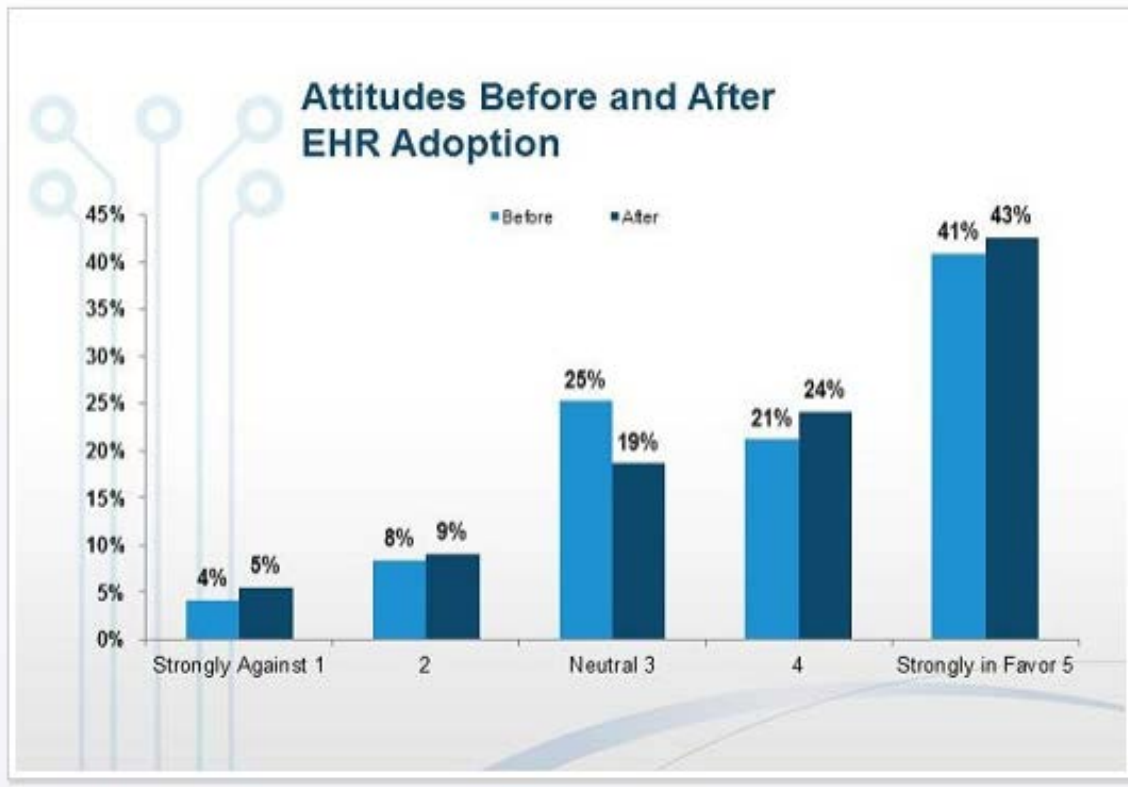
Costs vary depending on what you're getting. "In some cases, you pay for certain things up front and separately; in other cases they fold it into your monthly fee," says Sterling. "You have to go back and look at what services are being provided. If you're getting services à la carte, monthly fees may look cheaper but you are basically paying for everything individually. Think of the way an airline charges: Are you really getting a less expensive ticket if you have to pay extra for baggage and other costs?"

Some respondents noted that the system was free to them, but the overall organization was paying the service fees. "It is covered by the HMO because we are exclusive with them," said an internist.

The majority of respondents replied, "I don't know."

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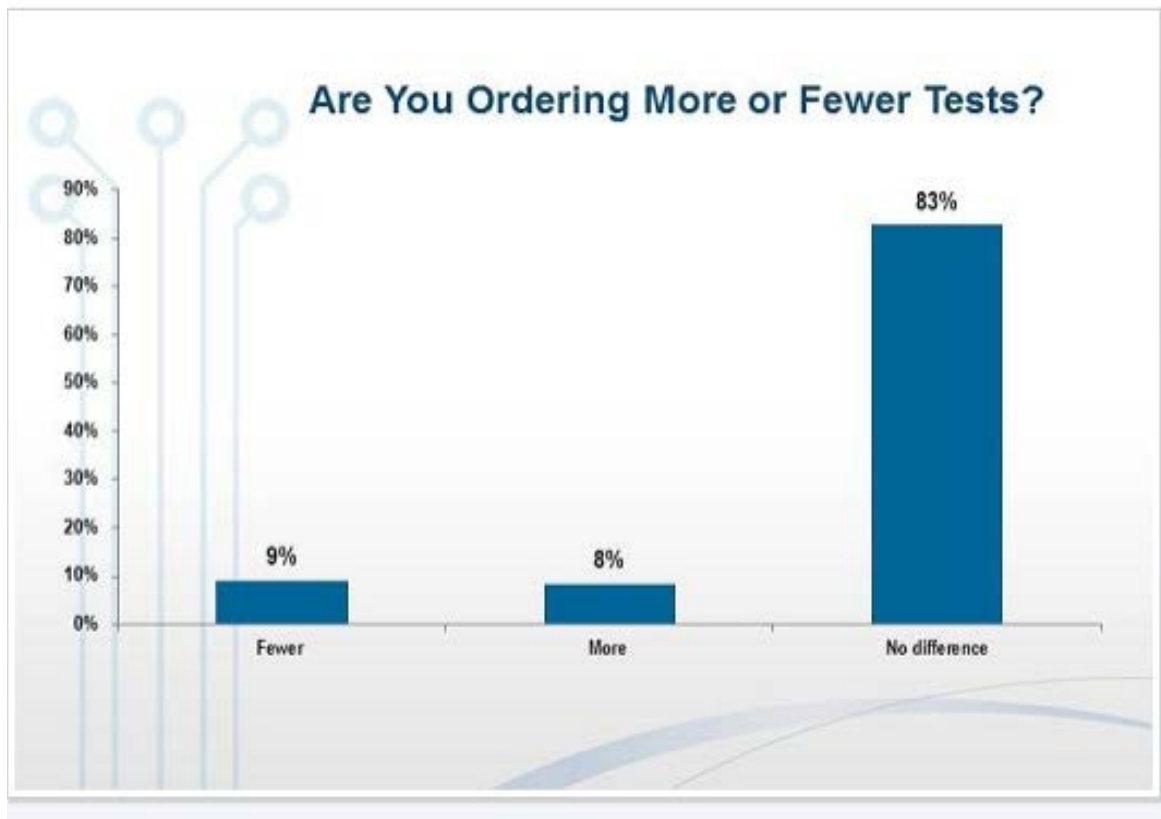
A doctor's attitude prior to using an EHR was the most important factor in predicting how he or she would feel after working with an EHR.

Overall, changes in attitudes after 1 year of use were fairly minor in each category, with a slightly greater percentage of doctors strongly against the EHR after using it. About 62% of respondents were somewhat or strongly in favor of an EHR before they began using one; 67% were somewhat or strongly in favor after using one. The percentage of those somewhat or strongly against an EHR increased from 12% to 14%.

This means that if your office will be getting an EHR, it pays to put a lot of front-side effort into getting your office physicians and staff pumped and positive about having the system. It is likely that however they feel in advance is how they'll feel afterward. The first year is typically frustrating and difficult, with a big learning curve as the physician integrates the EHR into patient visits.

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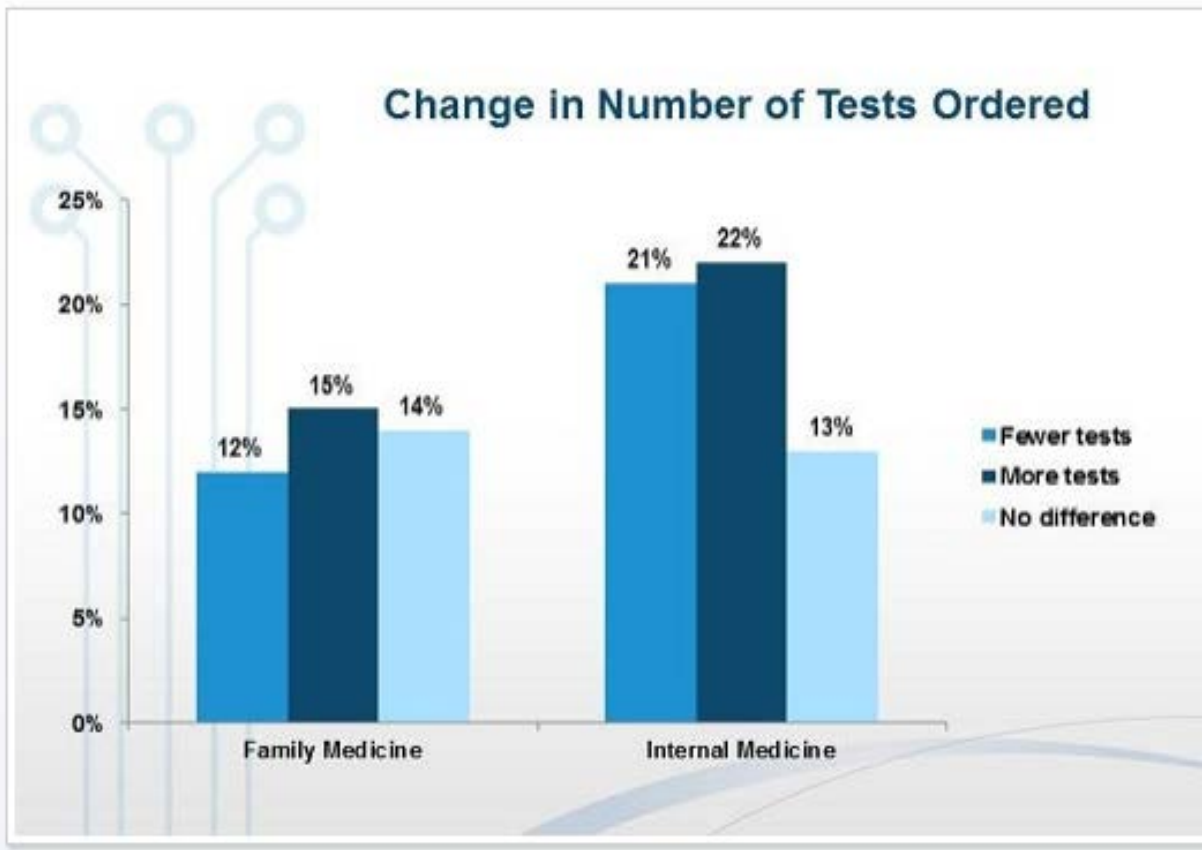
Controversy remains over whether using an EHR will lead to more or less testing. EHRs have been cited as one element to help contain skyrocketing healthcare costs. Keeping patient records that can be accessed by specialists and caregivers is intended to help reduce duplicative tests.

However, studies have shown mixed results. A study conducted by the Cambridge Health Alliance showed that doctors with EHRs that enable them to view patients' previous imaging results ordered 40% more tests than those using paper records. Yet researchers from Massachusetts General Hospital in Boston found that EHRs helped doctors avoid ordering some tests.

In Medscape's survey, more than 4 out of 5 physicians said they saw no difference in the amount of tests ordered. An almost equal number said they were ordering more tests (8%) and fewer tests (9%).

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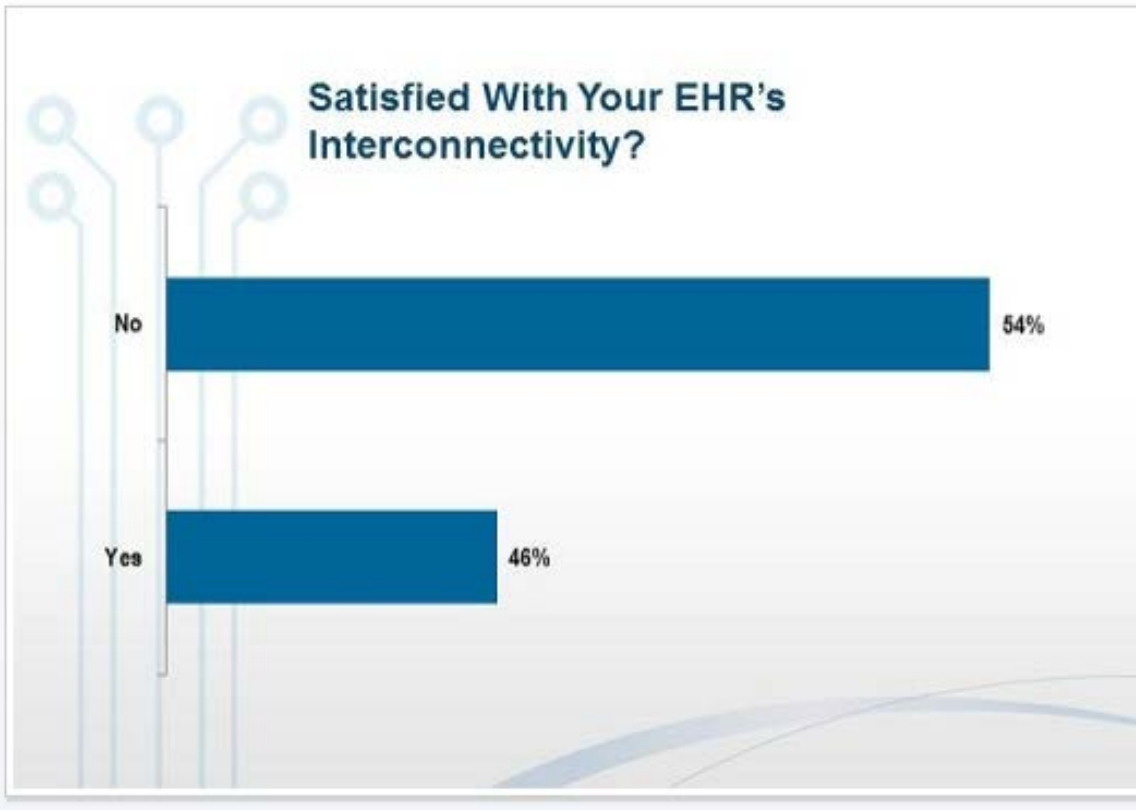
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In primary care, there were more physicians ordering a greater number of tests when using an EHR than ordering fewer tests with the EHR. Nearly the same percentage of family physicians (14%) and internists (13%) saw no difference in the number of tests ordered before and after using an EHR

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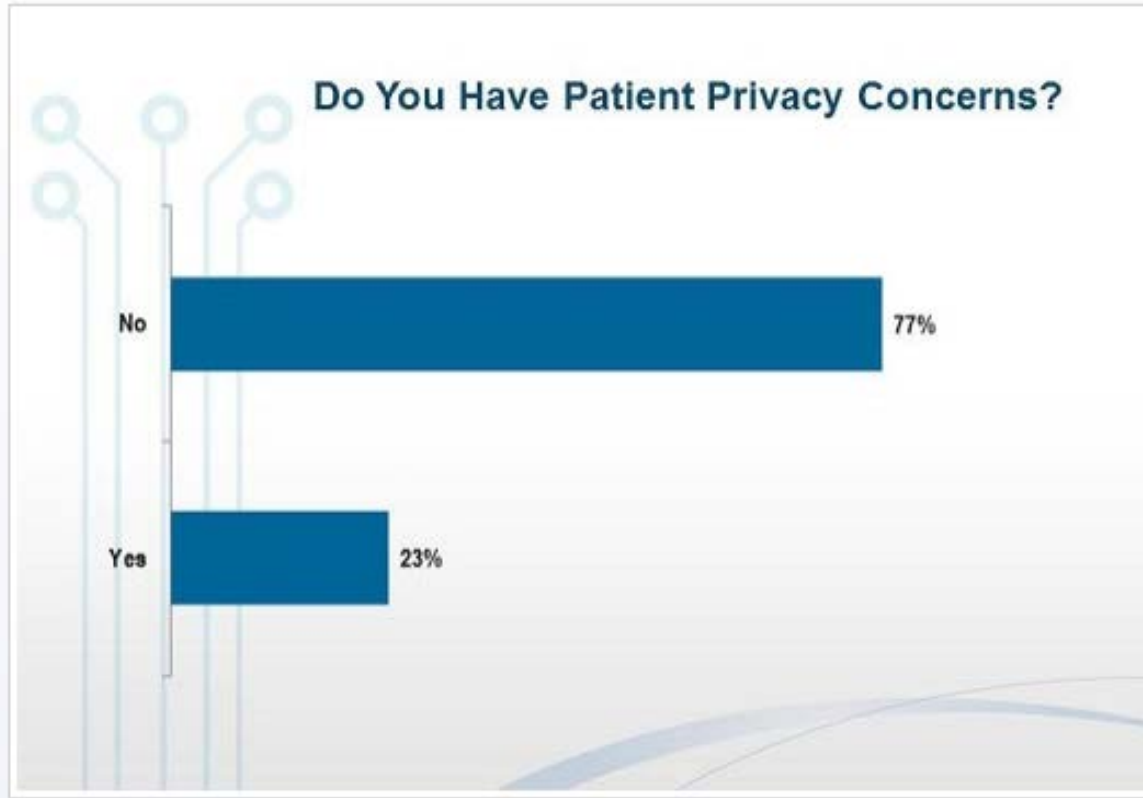
One goal of EHRs is to connect with other office systems and other providers and to make sure that a patient record can be accurately and easily integrated into the total system workflow. However, for almost half (46%) of respondents, interconnectivity was clearly a thorn in their side. "The prescribing module does not interface smoothly with the rest of the system," said one respondent. "I find that I have to log into multiple systems because the interfaces are not fully worked out," said another. "At this point, the EHR can't connect to most labs we work with."

"If you're talking about within their own offices, if the practice management system is from one vendor and the EHR is from another, they won't work well together, or the patient portal may not work well with the EHR," says Sterling.

"Between practices, EHR interconnectivity is still developing. We are in the process of building the highways between practices, and we don't have access to the highway yet."

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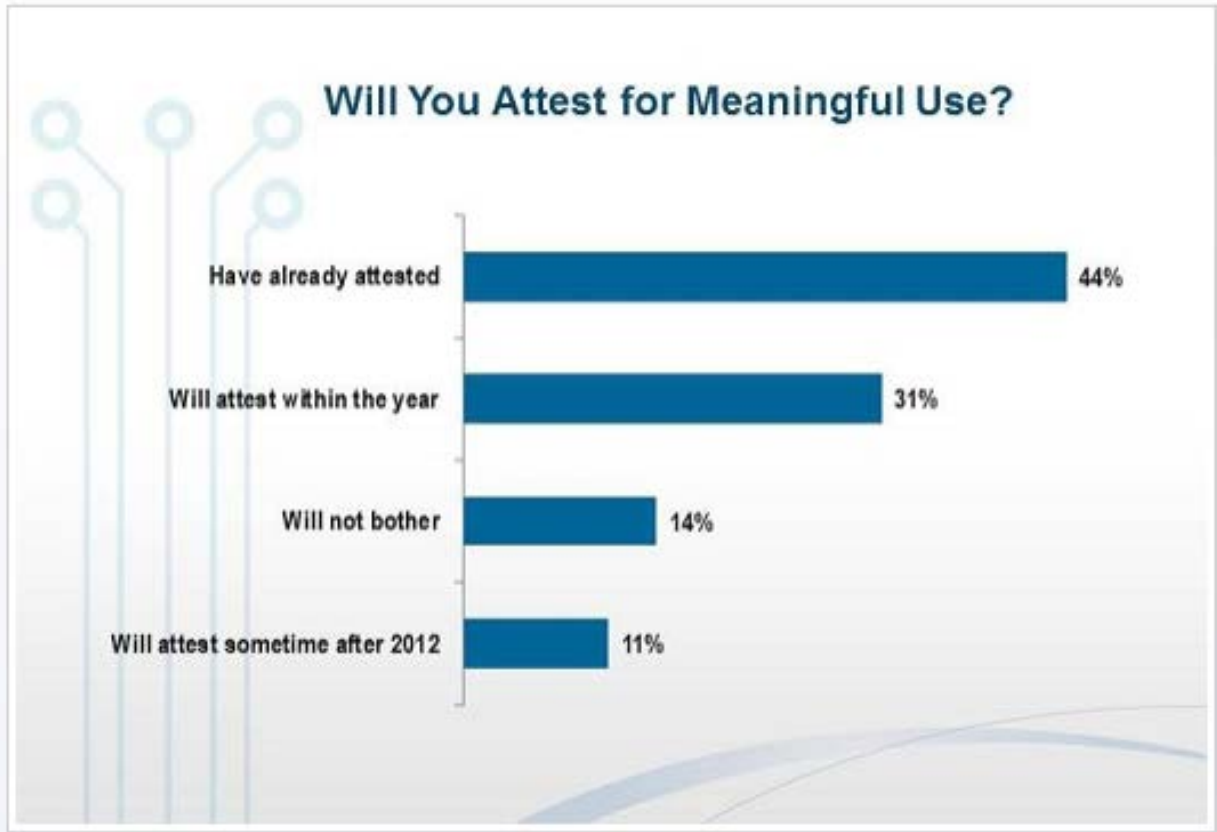


Despite some widely publicized data breaches, more than three fourths of respondents did not worry about patient privacy issues related to the EHR. Those who were concerned, however, were quite concerned. One family physician said, "Being Web-based, anyone can access the patient record with rudimentary hacking skills." "It makes it easier for staff to view patient information when they should not view it," said a pediatrician. "Despite firewalls, I'm concerned about security with Web portals," said a nephrologist. "I'm told it's secure; I guess I will have to believe them."

Health Insurance Portability and Accountability Act (HIPAA) privacy issues may also pose a threat in many practices. Many practices have not maintained or updated their HIPAA privacy statement, and there are many other potential HIPAA privacy issues.

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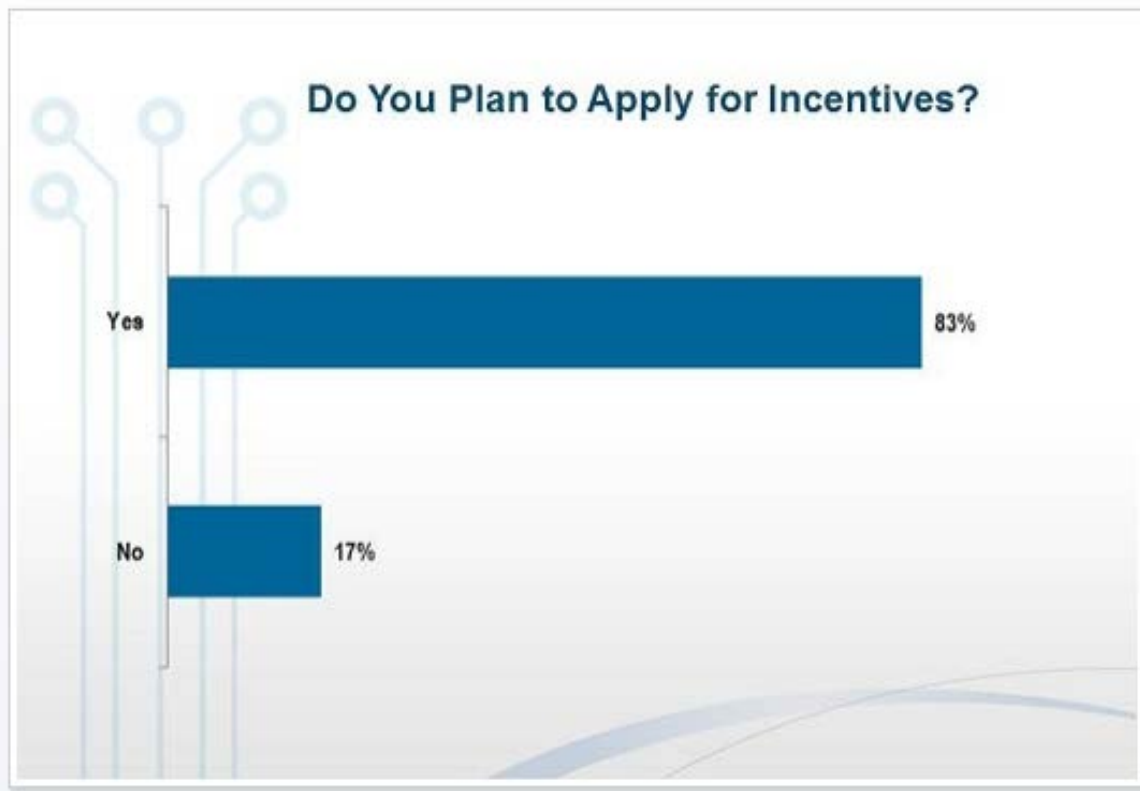


Meaningful use refers to the measurable benchmarks doctors must meet to qualify for incentive payments under the Health Information Technology for Economic and Clinical Health (HITECH) Act. Clearly, attesting for meaningful use has become a major goal. Three quarters of physicians either have already attested for meaningful use or are definitely planning to do so.

"Attesting is more about the way you're using the EHR than the EHR itself," says Karen Bell, MD, Chair of the Certification Commission for Health Information Technology. "Just because you have a certified EHR doesn't guarantee that you'll get a payment for meaningful use, unless you are a Medicaid provider."

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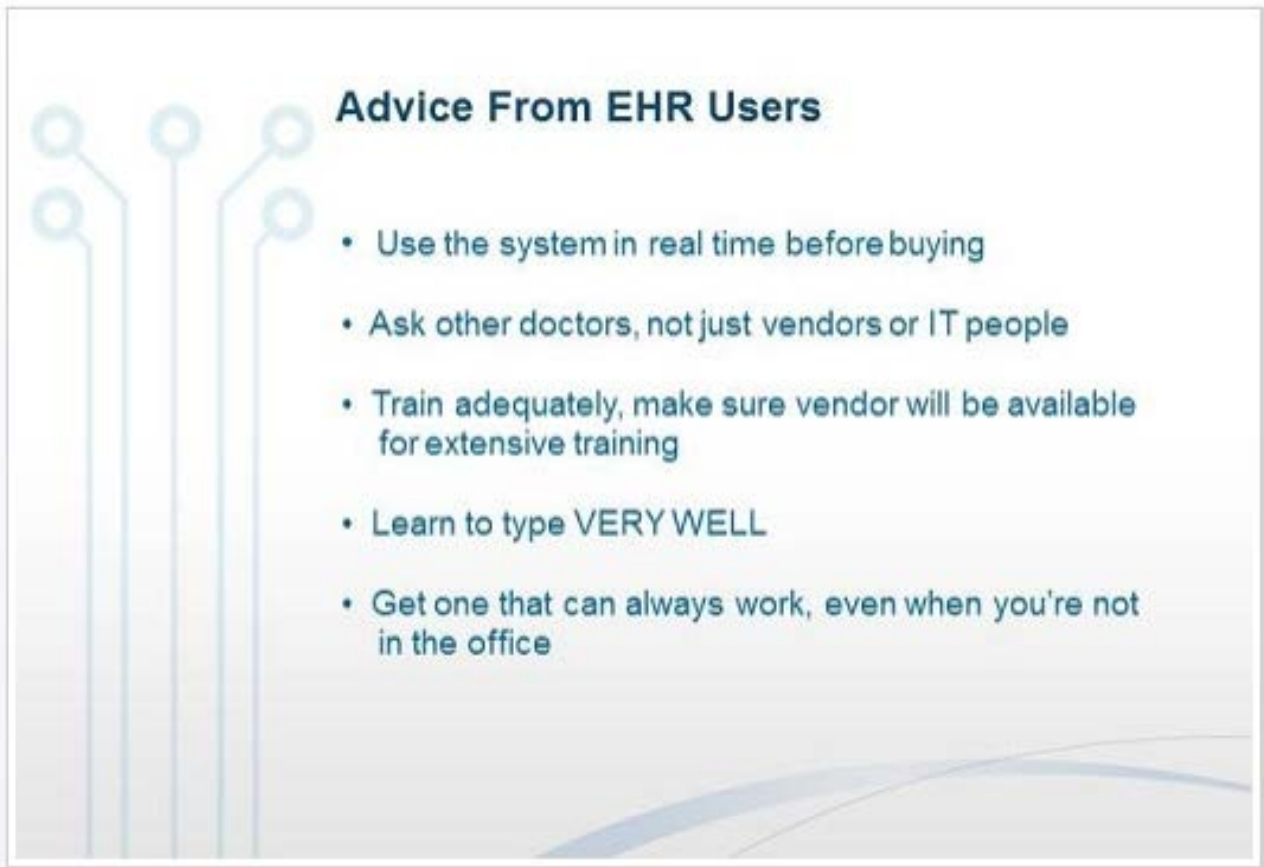
In a June 2012 report, officials at the Centers for Medicare & Medicaid Services noted that the number of physicians and other healthcare providers receiving Medicare and Medicaid bonus payments for adopting EHRs was over 110,000.

While incentives are clearly a draw for many physician practices using an EHR, for other doctors, using the EHR is the end goal itself.

Why might physicians disregard the incentives? "Their EHR might not be qualified," says Sterling. "Or if they don't have many Medicare patients, they wouldn't apply. Or they may not even take any insurance at all; they may do a lot of elective procedures."

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Advice From EHR Users

- Use the system in real time before buying
- Ask other doctors, not just vendors or IT people
- Train adequately, make sure vendor will be available for extensive training
- Learn to type VERY WELL
- Get one that can always work, even when you're not in the office

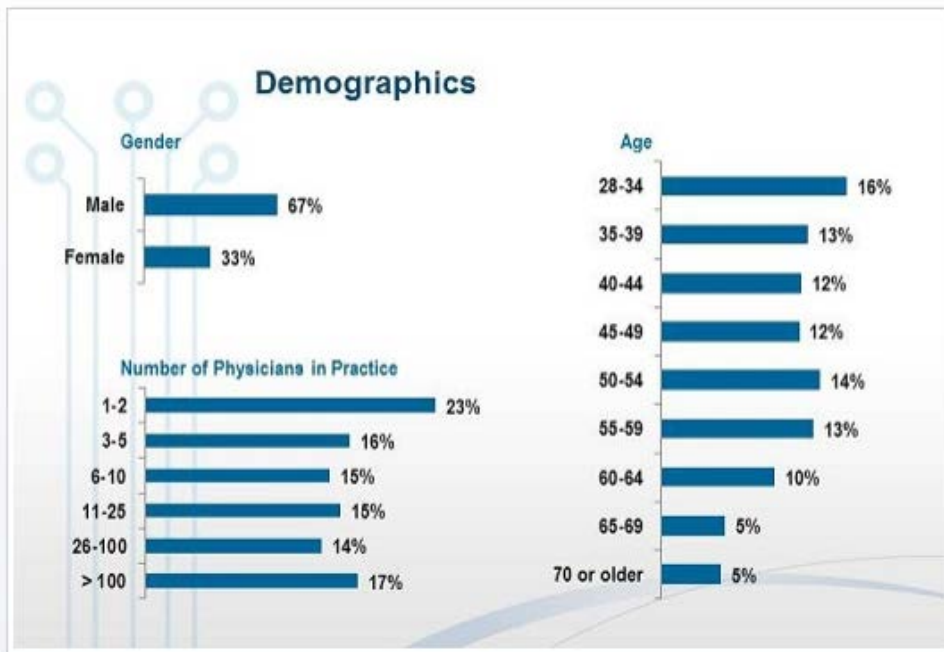
Almost 9000 respondents offered advice for other doctors who are choosing or using an EHR. Many remarks were clearly heartfelt, some fully in favor of EHRs and others wanting to help doctors avoid the mistakes they made. "If the company sends a PR person instead of a programmer, reject the company's product," said a pediatric endocrinologist.

"Be aware of all the hoops, buttons, and clicks that need to be done to attain meaningful use; don't learn them after you have started (like I did)," said one respondent.

"Actually use a system on a 'fake' patient before deciding on an EHR. It is a totally different animal to hear what the EHR can do until you start entering data yourself," said an emergency physician. "Have a physician teach you how to use it, not an IT person," said a family physician. "Bite the bullet and get it done; stop living in the Stone Age," said a family physician, whose advice contrasted with that of an emergency physician who simply said, "Run away!"

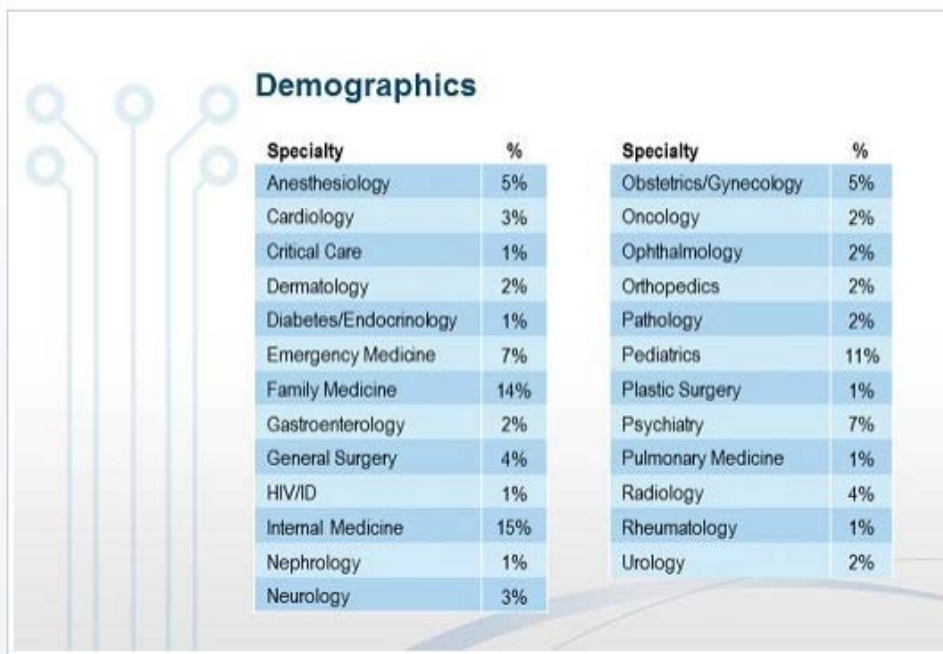
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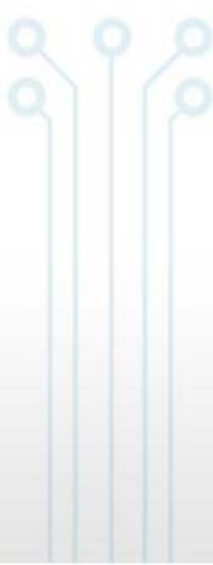
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Author:

Leslie Kane, Executive Editor, Business of Medicine, Medscape from WebMD

Disclosure:

Leslie Kane has disclosed no relevant financial relationships.