

The survey is faster and easier to complete than previous versions,  
and your response is more important than ever to your colleagues.

# THE 3<sup>RD</sup> FPM Survey OF User Satisfaction WITH EHR Systems

Kenneth G. Adler, MD, MMM, and Robert L. Edsall

**D**oes your electronic health record system (EHR) drive you to distraction? Or is it the best thing since the electric bread slicer? However you feel about it, you could help thousands of your colleagues by completing FPM's easy-to-take survey. Your input is particularly important now, when the promise of government stimulus funding for health information technology (HIT) is leading more and more physicians to consider taking the plunge. You can help them avoid mistakes – perhaps the same ones you made along the way. We will publish product-specific results in an upcoming issue of *FPM*.

## About the survey

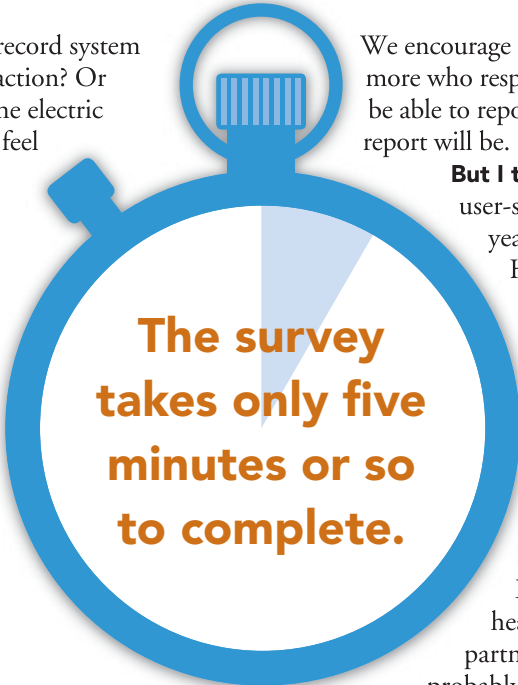
The user-satisfaction survey is open to AAFP members who use commercial EHRs.

We encourage *all* such members to respond; the more who respond, the more EHR systems we'll be able to report on and the more complete the report will be.

**But I took the survey last time.** Our last user-satisfaction survey was fielded two years ago, and things change quickly in HIT. Your system has probably been upgraded and (who knows?) your opinion may have been downgraded in the past two years. Things are different now. We need to hear from you.

**But my partner is taking the survey.** If you and your partner are like most family physicians, you don't agree on everything. *Your* opinion counts. We need to hear from you – and the rest of your partners, too. If there are six of you, you probably have six different opinions of the system you use. Please spread the word.

**But I'm not computer savvy.** We need to hear from



The survey  
takes only five  
minutes or so  
to complete.



Article Web Address: <http://www.aafp.org/fpm/20090500/12thet.html>

# One randomly selected respondent will receive an Apple iPod Touch, and 10 others will receive certificates good for a one-year subscription to *FPM* in print.



all segments of the membership, not just the enthusiasts. We need to hear from *you*.

**But I just hate our EHR.** Then don't you think it's important to tell colleagues who might be on the point of buying it? *We really* need to hear from you.

The survey instrument is a modification and simplification of the one used two years ago.<sup>1</sup> That form, in turn, was simplified from the one used in 2005.<sup>2</sup> We think we have streamlined the survey considerably without impairing the usefulness of the results.


## What's in it for you

Even though the survey takes only five minutes or so to complete, we know your time is in short supply. We aim to make it a productive five minutes.

First, of course, your response will help many of your fellow family physicians. It will also provide feedback to vendors that spurs improvements in EHR technology – perhaps even in the EHR you use.

But we can offer some other incentives as well: One randomly selected respondent will receive an Apple iPod Touch ([\[apple.com/ipodtouch\]\(http://apple.com/ipodtouch\)\), and 10 others will receive certificates good for a one-year subscription to \*FPM\* in print.](http://www.</a></p></div><div data-bbox=)

## Taking the survey

To make responding as convenient as possible, we are publishing the survey instrument both in this issue of *FPM* (see page 14) and online through the *FPM* Web site. The easiest way to submit a survey is to go online to <http://www.aafp.org/fpm/ehrsurvey>. Just select your answer choices, click “Submit,” and you're done. Alternatively, you can download a PDF version of the survey from <http://www.aafp.org/fpm/20090500/ehrsurvey.pdf>, complete it by hand, and fax the results to us at 913-906-6010. Be sure to respond by July 31, 2009. Your colleagues will thank you. 

Send comments to [fpmedit@aafp.org](mailto:fpmedit@aafp.org).

1. Adler KG, Edsall RL. Electronic health records: the 2007 *FPM* user-satisfaction survey. *Fam Pract Manag.* April 2007;27-30.
2. Adler KG, Edsall RL. Electronic health records: a user-satisfaction survey. *Fam Pract Manag.* February 2005;47-51.

Your response to this five-minute survey can help colleagues making the move to an EHR system.

The survey is simplified from versions fielded in past years.

*FPM* is offering an iPod Touch and free subscriptions as incentives for survey completion.

## About the Authors

Dr. Adler is a family physician in full-time clinical practice in Tucson, Ariz., and a member of the *FPM* Board of Editors. He has a Master of Medical Management degree from Tulane University and a Certificate in Healthcare Information Technology from the University of Connecticut. Robert Edsall is editor-in-chief of *Family Practice Management*. Author disclosure: Dr. Adler disclosed that he owns stock in two companies that produce EHR systems – Allscripts and NextGen.

## FPM ELECTRONIC HEALTH RECORD (EHR) USER-SATISFACTION SURVEY – 2009

|  |                       |                       |                       |                       |                       |  |  |              |  |        |                       |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|--|--------------|--|--------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Your name:   |                       |                       |                       |                       |                       |  |  |              |  |        |                       |                       |                       |                       |                       |                       |
| Your seven-digit AAFP membership number: _____   |                       |                       |                       |                       |                       |  |  |              |  |        |                       |                       |                       |                       |                       |                       |
| EHR product name:  |                       |                       |                       |                       |                       |  |  |              |  |        |                       |                       |                       |                       |                       |                       |
| EHR version number:  |                       |                       |                       |                       |                       |  |  |              |  |        |                       |                       |                       |                       |                       |                       |
| Did you help select this EHR for your practice? <input type="radio"/> Yes <input type="radio"/> No   |                       |                       |                       |                       |                       |  |  |              |  |        |                       |                       |                       |                       |                       |                       |
| How long have you used this EHR?      _____ years (round to nearest half-year; e.g., 3.5 years)  |                       |                       |                       |                       |                       |  |  |              |  |        |                       |                       |                       |                       |                       |                       |
| How skilled are you in the use of this EHR?  |                       |                       |                       |                       |                       |  |  |              |  |        |                       |                       |                       |                       |                       |                       |
| <table border="0" style="width:100%; text-align:center;"> <tr> <td>Novice</td> <td></td> <td></td> <td>Average user</td> <td></td> <td>Expert</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table> |                       |                       |                       |                       | Novice                |  |  | Average user |  | Expert | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Novice   |                       |                       | Average user          |                       | Expert                |  |  |              |  |        |                       |                       |                       |                       |                       |                       |
| <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |              |  |        |                       |                       |                       |                       |                       |                       |
| How many physicians (in all specialties) are in your practice, including yourself?   |                       |                       |                       |                       |                       |  |  |              |  |        |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3-5 <input type="radio"/> 6-10 <input type="radio"/> 11-20 <input type="radio"/> 21-50 <input type="radio"/> >50   |                       |                       |                       |                       |                       |  |  |              |  |        |                       |                       |                       |                       |                       |                       |
| Does your practice include physicians in specialties other than family medicine?   |                       |                       |                       |                       |                       |  |  |              |  |        |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Yes <input type="radio"/> No   |                       |                       |                       |                       |                       |  |  |              |  |        |                       |                       |                       |                       |                       |                       |
| How is your salary determined?   |                       |                       |                       |                       |                       |  |  |              |  |        |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> 100% productivity <input type="radio"/> Mixed (>15% productivity)<br><input type="radio"/> Mixed (≤15 % productivity) <input type="radio"/> 100% salary  |                       |                       |                       |                       |                       |  |  |              |  |        |                       |                       |                       |                       |                       |                       |
| Disclosure (select one):   |                       |                       |                       |                       |                       |  |  |              |  |        |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> A. Neither I nor any member of my immediate family has a significant financial interest in or affiliation with a manufacturer or vendor of any EHR system.   |                       |                       |                       |                       |                       |  |  |              |  |        |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> B. I and/or one or more members of my immediate family have a significant financial interest in or affiliation with a manufacturer or vendor of an EHR system.   |                       |                       |                       |                       |                       |  |  |              |  |        |                       |                       |                       |                       |                       |                       |
| If you selected B, please explain:   |                       |                       |                       |                       |                       |  |  |              |  |        |                       |                       |                       |                       |                       |                       |

| Indicate the extent to which you agree or disagree with the following statements:   | Strongly agree        | Agree                 | Neutral               | Disagree              | Strongly disagree     |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Overall this EHR is easy and intuitive to use.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Documenting care is easy and effective with this EHR.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Finding and reviewing information is easy with this EHR.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ordering lab tests, referrals and imaging studies is easy with this EHR.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| E-prescribing is fast and easy with this EHR.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This EHR provides useful tools for <i>health maintenance</i> (for instance, prompts, alerts and flow sheets).                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This EHR provides useful tools for <i>disease management</i> (for instance, diagnosis-specific prompts, alerts, flow sheets and patient lists). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| E-messaging and tasking within the office is easy with this EHR.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This EHR enables me to practice higher quality medicine than I could with paper charts.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have a good idea how much this EHR system is costing my practice.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This EHR is worth the expense.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Our EHR vendor provides excellent training and support.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am highly satisfied with this EHR system.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### One last request

Now that you have completed the survey, *encourage at least one colleague to do so too*. It can be someone in your practice or another practice. The survey is open to all AAFP members, and the results will be useful in direct proportion to the number of physicians who complete it thoughtfully.

Submit your responses by transferring your answers to the online survey instrument available at <http://www.aafp.org/fpm/ehrsurvey>, by faxing this completed survey to FPM at 913-906-6010 or by mailing it to *Family Practice Management*, 11400 Tomahawk Creek Pkwy., Leawood, KS 66211. Please submit your response by July 31, 2009. Thank you for your help.