

Spend a few minutes responding to the survey, and you can help hundreds of colleagues – and just maybe win yourself an iPad Air.

The *FPM* Survey of Family Physicians Who Have Changed EHR Systems

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With all the pressure to computerize medical records and clinical processes over the past several years, it is not surprising that most family physicians now use electronic health record systems (EHRs).¹ What may be easy to lose track of in the recent wave of computerization efforts, though, is that thousands of family physicians have been using EHRs for some time now – many of them for long enough that they have already scrapped one system and switched to a new one.

After several years surveying family physicians about their satisfaction with EHR systems,² we are finally at the point where it is appropriate to survey those family physicians whose EHR systems needed to be replaced. Why? Because they are in the vanguard of a trend that will no doubt escalate. Given the relative youth of the technology, the difficulty of choosing the right system on the first try, and the increasing difficulty of “Meaningful Use,” chances are quite good that many more practices will be abandoning their current EHRs for new ones. If you have already made the switch, your advice can help many of your colleagues who are going through what you’ve been through.

About the survey

The survey is open to AAFP members whose practices have switched EHR systems in the last four and a half years – since Jan. 1, 2010. We’ve chosen that cutoff date because it marks the beginning of a shift in EHR functionality as vendors attempted to improve their products for the Meaningful Use program. We encourage all members who changed EHRs during this time period to

respond; the more who do, the more complete and useful the report will be. The survey takes less than 10 minutes to complete.

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, and so does your partner’s. We need to hear from you both and the rest of your family physician colleagues too. If there are six of you, you probably have six different opinions of the system you use. Please spread the word.

But I wasn’t involved in the decision to change systems. Of course we need to hear from the decision makers, but chances are good that your view of the change and your opinions of the previous and new systems will differ from theirs. We need to hear from you too.

But I’m not computer savvy. You shouldn’t have to be computer savvy to use an EHR. We need to hear from all types of EHR users, not just the enthusiasts. Your colleagues need your input.

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

What’s in it for you

In addition to helping many of your fellow family physicians, your response will provide feedback to vendors that may spur improvements in EHR technology – perhaps even in the EHR you use. Also, one randomly selected respondent will receive an Apple iPad Air, and 10 others will receive certificates good for a one-year subscription to *FPM* in print.

About the Authors

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Taking the survey

To make responding convenient, we are publishing the survey instrument in the print issue of *FPM* (see below) and on the *FPM* website. The easiest way to submit a survey is to go to <http://www.aafp.org/fpm/ehrsurvey>, select your answer choices, and click *Submit*. Alternatively, you can download a PDF version of the survey from <http://>

www.aafp.org/fpm/2014/0700/p18.html, complete it by hand, and fax the results to us at 913-906-6010. Be sure to respond by Sept. 30. Your colleagues will thank you. **FPM**

1. Xierali IM, Hsiao CJ, Puffer JC, et al. The rise of electronic health record adoption among family physicians. *Ann Fam Med*. 2013;11(1):14-19.
2. Edsall RL, Adler KG. The 2012 EHR user satisfaction survey: responses from 3,088 family physicians. *Fam Pract Manag*. 2012;19(6):23-30.

THE FPM SURVEY OF FAMILY PHYSICIANS WHO HAVE CHANGED EHR SYSTEMS

This survey is intended for practicing family physicians whose practices have switched EHR systems since Jan. 1, 2010. Please complete this survey only if that describes you.

Tell us about yourself and your practice.				
Your name:	_____			
Your seven-digit AAFP membership number:	_____			
Your practice type:	<input type="checkbox"/> Hospital, health system, or university owned <input type="checkbox"/> Government owned <input type="checkbox"/> Federally qualified health center <input type="checkbox"/> Physician owned <input type="checkbox"/> Other: _____			
Practice size (entire organization):	<input type="checkbox"/> Solo physician <input type="checkbox"/> 2-3 physicians <input type="checkbox"/> 4-9 physicians <input type="checkbox"/> 10-25 physicians <input type="checkbox"/> 26-99 physicians <input type="checkbox"/> 100+ physicians			
How many ambulatory EHRs have you ever personally used for at least 3 months?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more (If you answered 1, do not complete the rest of this survey.)			
Did your practice change EHRs after Jan. 1, 2010?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If you answered No, do not complete the rest of this survey.)			
Tell us about your current EHR.				
What EHR does your practice use now?	Name: _____ Version number: _____			
When did your practice switch to this EHR?	Month: _____ Year: _____			
(If your practice switched to your current system before Jan. 1, 2010, do not complete the rest of this survey.)				
Tell us about your prior EHR.				
What EHR did your practice use before changing EHR systems?	Name: _____ Version number: _____			
How long did your practice use this EHR? (Round to the nearest full year.)	<input type="checkbox"/> 1 y <input type="checkbox"/> 2 y <input type="checkbox"/> 3 y <input type="checkbox"/> 4 y <input type="checkbox"/> 5 y or more			
Were you personally involved in the decision to replace this EHR with another one?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you in favor of making the switch at the time?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> No opinion			
Tell us why your practice changed EHR systems.				
Please indicate how important the following reasons were in the decision to switch EHR systems:	Highly important	Important	Somewhat important	Not important
EHR consolidation. Different parts of my organization used different EHR systems; we switched to get everyone on the same EHR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice change/merger. We joined an organization with a different EHR and had to change to their EHR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usability. Our prior EHR was difficult to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functionality. Our prior EHR was missing functionality we needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meaningful Use. We were unable to achieve Meaningful Use with our prior EHR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support/training. We had poor vendor support/training for our prior EHR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

continued 

Financial viability of vendor. The vendor of our prior EHR went out of business or appeared to have financial problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer online product. We switched to a "cloud-based" (web-based) EHR system. (In such a system, version upgrades, maintenance, etc., are managed by the vendor.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost reduction. We wanted to reduce costs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, list any other reasons your practice changed EHRs: _____ _____				

Tell us about the challenges you encountered in making the switch.				
Please indicate how significant the following challenges were in your EHR switch:	Major challenge	Moderate challenge	Minor challenge	No challenge
Time investment required by the switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of the switch and/or the new system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity loss during the transition between EHRs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty of learning new software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data loss in the conversion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of functionality that we had in the prior EHR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Added difficulty of using the new EHR as compared with the previous one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, list any other challenges your practice faced in changing EHRs: _____ _____				

Tell us your opinions about having changed EHR systems.						
Please indicate the extent to which you agree or disagree with each of the following statements.	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Unsure
Our new EHR is easier to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our new EHR is faster.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our new EHR has useful new functionality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our new EHR is NOT overly complex to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our new EHR has improved our productivity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our new EHR has allowed us to achieve Meaningful Use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We now have better vendor support/training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We now have fewer technical problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our total costs of having an EHR have decreased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am happy that we changed EHR systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am happy with our new EHR system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If your new EHR has new or improved functionality, please describe what has improved: _____ _____						

Tell us what advice you would give to others who are thinking about changing EHR systems.
My advice is this: _____ _____

One last request

The survey is open to all AAFP members who have switched EHR systems since Jan. 1, 2010, and the results will be useful in direct proportion to the number of physicians who complete it. Now that you have completed the survey, encourage at least one colleague to do so too. Please use the following link to share the survey: <http://www.aafp.org/fpm/ehrsurvey>.

Email your completed survey to *FPM* at fpm@afp.org, fax it to 913-906-6010, or enter your responses online at <http://www.aafp.org/fpm/ehrsurvey>. Thank you for your input.