A User-Satisfaction Survey

If you already use an electronic health record system, here's your chance to help your colleagues who haven't yet made the leap.

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amily Practice Management has published the results from three surveys of vendors of electronic medical record systems, or electronic health record systems (EHRs), as they have been called more recently. The most recent of these reports appeared four years ago, however, and all had the inherent weakness of providing information self-reported by vendors who might reasonably be expected to be biased.

A survey of users of EHRs could have avoided that potential for bias, but finding enough family physicians who use EHRs to make such a survey worthwhile would have been difficult four years ago. Enough practices have adopted EHR technology in recent years, however, that the time for such a survey appears to have arrived. The AAFP's Center for Health Information Technology estimates that 10 percent to 15 percent of AAFP members now use EHRs.

In this issue, *FPM* is publishing an EHR user survey – not the results yet, but the survey form itself, as a means of data collection. The survey instrument was developed in cooperation between the editors of *FPM* and Kenneth G. Adler, MD, MMM. The survey is modified and greatly expanded from the EHR demonstration rating form included in Adler's article in this issue, "How to Pick an EHR," page 55.

The intent of this survey is not to arrive at a picture of the current state of EHR use among family physicians. Rather it is to collect satisfaction data from as many family-physician users of as many different EHR systems as possible and, by publishing system-specific results in an upcoming issue of *FPM*, to help future purchasers of EHR systems make sound choices for their practices.

The survey project will succeed in direct proportion to the number of family physicians who respond. Certainly having one response from a group practice where six family physicians use the same EHR is not enough, since all six are likely to have different opinions of the system. The ideal is to obtain a response from every family physician who uses a commercially available EHR system. That said, the broadcast nature of this survey requires some validation of responses – some provision to guarantee that respondents are indeed family physicians, that no one is submitting multiple responses to the survey, etc. While not ideal, the most practical means of validation available seems to be verification of AAFP membership; consequently, the survey asks for your membership number. Only responses from AAFP members will be tabulated.

Completing the survey

We realize that this comprehensive survey will take time out of your already busy day. We want to thank you in advance for responding. By doing so you will likely help many of your fellow family physicians and provide feedback to vendors that further spurs improvements in EHR technology. In order to maximize the number of valid responses and to make it as convenient as possible to respond, FPM is publishing the survey instrument both in this issue of *FPM* and online through the *FPM* Web site. The easiest way to submit a survey is to go online to www. aafp.org/ehrsurvey.xml. By providing your responses electronically, you will facilitate the analysis process. Alternatively, you can copy the survey pages in this issue, complete them by hand, and send the results to FPM either by fax at 913-906-6010 or by mail at Family Practice Management, 11400 Tomahawk Creek Pkwy, Leawood, KS 66211.

Send comments to fpmedit@aafp.org.

1. Rehm S, Kraft S. Electronic medical records: the *FPM* vendor survey. *Fam Pract Manage*. January 2001:45-54.

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Electronic Health Record Systems User Rating Survey

EHR product name and version number:						
Your name:	Date of evaluation:					
Your title or role:	Years in practice:					
Your AAFP membership number (only member responses can	be accepted):					
Your e-mail address (optional):						
Date the EHR went into use in your organization:	How long have you yourself used this EHR in months?					
Name and version number of your practice management syste	om'					

Disclosure

Please select one:

- O A. Neither I nor any member of my immediate family has a significant financial interest in or affiliation with the manufacturer or vendor of the EHR system I am evaluating here.
- O B. I and/or one or more members of my immediate family have a significant financial interest in or affiliation with the manufacturer or vendor of the EHR system I am evaluating here.

If you selected B, please explain:		
	-	

Instructions

In answering the following questions, please evaluate your EHR based on your personal experience.

1. FUNCTIONALITY	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Function not installed	Function installed but not used
How satisfied are you with the way your EHR	allows you to	perform th	e following	chart review f	unctions?		
Obtain and review lab results	О	0	0	О	0	0	0
Obtain and review radiology reports	О	0	0	0	0	0	0
Obtain and review other test results	О	0	0	0	0	0	0
Create and review scanned documents	0	0	0	0	0	0	0
Review progress notes	О	0	0	0	0	0	0
Review prior vital signs	0	0	0	0	0	0	0
Monitor current and past meds and med refills	0	0	0	0	0	0	0
Review data in flowchart form on demand (e.g. vital signs, lipids, growth curves)	0	0	0	0	0	0	0
Review chart information (overall)	0	0	0	0	0	0	0
How satisfied are you with the way your EHR	allows you to	perform th	e following	documentatio	n functions?		
Create notes using only "point and click technology" (no typing, transcription or voice recognition)	0	•	0	О	О	0	О
Create "free-form" notes from transcription, typing or voice recognition	0	0	0	0	0	0	0
Create notes using a combination of point-and-click and free-form technologies	0	0	О	О	0	0	0
Customize templates	0	O	0	О	0	0	0
Create telephone messages	0	0	0	О	0	0	0
Create and maintain problem lists	0	0	О	О	0	0	0
Create and maintain medication lists	0	0	0	О	0	0	0
Identify allergies	О	0	0	О	0	0	0
Cite portions of the chart in the note	0	O	0	О	0	0	0
Document patient care (overall)	0	0	0	0	0	0	0
How satisfied are you with the way your EHR	allows you to	perform the	e following	preventive-ca	re tracking fu	nctions?	
Monitor immunizations	О	0	0	0	0	0	0
Track health maintenance items (e.g., Pap, mammogram, colonoscopy)	0	0	О	О	0	0	0
Receive alerts on health maintenance deficiencies	О	0	О	О	0	0	0
Track preventive care (overall)	0	0	0	0	0	0	0

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Function not installed	Function installed but not used
How satisfied are you with the way your EHR	allows you to	perform the	e following	prescription w	riting functio	ons?	
Receive drug-interaction alerts when writing prescriptions	0	0	0	0	О	0	О
Receive drug-allergy alerts when writing prescriptions	О	О	0	0	О	0	0
Receive drug formulary information and alerts when writing prescriptions	0	0	О	0	О	0	О
Connect electronically or by e-fax to pharmacy	0	0	0	0	0	0	0
Manage prescription writing (overall)	0	0	0	0	0	0	0
How satisfied are you with the way your EHR	allows you to	perform the	e following	order entry fui	nctions?		
Enter lab orders	0	0	0	0	0	0	0
Enter radiology orders	0	0	0	0	0	0	0
Enter orders for other tests	0	0	0	0	0	0	0
Enter orders (overall)	0	О	0	0	О	0	0
How satisfied are you with the way your EHR	allows you to	perform the	e following	referral manag	ement funct	ions?	
Identify providers covered on a patient's insurance	0	0	0	0	0	0	0
Manage referrals (overall)	0	О	0	0	О	0	0
How satisfied are you with the way your EHR	allows you to	perform the	e following	communicatio	ns and remot	e access funct	ions?
Send e-faxes to outside physicians	0	0	0	О	О	0	0
Access records remotely (e.g., chart access from home or remote transcriptionist access)	О	О	О	О	О	0	О
Communicate electronically with office staff regarding patient management	0	0	0	0	O	О	О
Communicate electronically with office staff regarding practice management	0	0	0	0	0	0	О
E-mail patients	0	0	0	0	О	0	0
Communications and remote access (overall)	0	0	0	0	О	0	0
How satisfied are you with the way your EHR	allows you to	perform the	following	patient educat	ion function	s?	
Provide high-quality information relevant to patient's diagnosed problem	О	О	О	О	0	0	О
Offer patients Web access to part or all of their chart	0	О	0	0	О	0	0
Provide patient education (overall)	0	0	0	0	0	0	0
How satisfied are you with the way your EHR	allows you to	perform the	e following:	security functi	on?		
Maintain security related to patient information (e.g., password protection, audit trails)	0	0	0	0	О	О	О
How satisfied are you with the way your EHR	allows you to	perform the	e following	coding and cha	rge-capture	functions?	
Receive E&M coding advice	0	0	0	0	0	0	0
Capture appropriate charges automatically from the note	О	О	0	О	0	0	О
Coding and charge capture (overall)	0	0	0	0	0	0	0
How satisfied are you with the way your EHR	allows you to	perform the	e following	practice analys	is functions	 ?	
Analyze outcomes of care (e.g., average A1c levels of patients with diabetes)	0	. 0	0	0	О	О	0
Find patients with certain characteristics (e.g., all patients on a recalled drug)	0	0	0	0	О	0	О
How satisfied are you with the way your EHR	allows you to	perform the	e following	paperless worl	cflow function	on?	
Work without paper	0	0	0	0	0	0	0

Comments:

2. SOFTWARE INTERFACES

For each software interface (electronic interface) between your EHR and another system, how satisfied are you with the way the interface works?

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Interface not present
Practice management system	0	0	0	0	0	0
Laboratory system	0	0	0	0	0	0
Radiology system	0	0	0	0	0	0
Commercial pharmacies (e.g., SureScripts software)	0	0	0	0	0	0
Hospital information system	0	0	0	0	0	0

Comments:

In the following sections, please indicate the extent to which you agree or disagree with each statement.

3. OVERALL EASE OF USE AND FLEXIBILITY					
	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
This EHR allows individual user-specific customization.	0	0	0	0	0
This EHR minimizes user data input.	0	0	0	0	0
This EHR offers multiple note creation options.	0	0	0	0	0
This EHR is fast (minimal wait between screens, minimal boot-up time, etc.).	0	0	0	0	0
Comments:					

4. COST	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
This EHR cost more than it's worth.	0	0	0	0	0
This EHR has saved or will save my practice money over its first five years of use.	0	0	0	0	0
Our estimated total cost for this EHR per physician per year is: (Note: Cost should include software purchase and maintenance fees, implementation fees information technology staff costs, equipment costs, network costs, etc. Figure the average cost per year over the first five years.)		\$			

Comments:

5. IMPLEMENTATION	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
Implementation of our EHR went smoothly.	0	0	0	0	0
Our EHR company provided excellent support during implementation.	0	0	0	0	0
The interface between our practice management system and EHR works well.	0	0	0	0	0
Our implementation occurred on schedule. (Please comment below on how long it took.)	0	0	0	0	0
Comments:					

6. ONGOING SERVICE AND SUPPORT	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
Our EHR company provides excellent ongoing support and service.	0	0	0	0	0
Our EHR comes out with at least one significant upgrade per year.	0	0	0	0	0
Our EHR company assists with ongoing training.	0	0	0	0	<u> </u>

Comments:

7. OVERALL SATISFACTION	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
Given the opportunity to pick an EHR system again, I would pick the same EHR.	0	0	0	0	0
If I could go back to paper-based records with no financial penalties, I would do so.	0	0	0	0	0
I would recommend this EHR to physicians in solo or small group practices (1 to 5 physicians).	0	0	0	0	0
I would recommend this EHR to physicians in mid-size practices (6 to 30 physicians).	0	0	0	0	0
I would recommend this EHR to physicians in large group practices (more than 30 physicians).	0	0	0	0	0
I would recommend this EHR to any physician.	0	0	0	0	0

Comments:

8. PRACTICE CHARACTERISTICS

In the following questions, "your organization" means the corporation, partnership or other legal entity that has installed the electronic health record system you evaluated above. The organization may operate one or more practice sites. The EHR system in question may be used by all or only by some of the physicians and other providers in the organization.

In your organization, how many physicians of all specialties see patients?	
How many of those physicians are family physicians?	
In your organization, how many non-physician providers (for instance, NPs and PAs) see patients?	
What percentage of the following groups in your organization use your EHR system?	
Physicians	
Family physicians	
Non-physician providers (for instance, NPs and PAs)	
How many non-provider users in your organization (e.g., MAs, receptionists, billers and medical records personnel) use the EHR?	
How many full-time equivalent personnel does your organization have for computer support in total?	
How many full-time personnel does your organization have for EHR support specifically?	

9. YOUR ATTITUDES AND EXPERIENCE	Novice			Average user			Expert
In general, and not just in terms of this EHR system, how would you rate yourself as a computer user?	О	0	0	0	0	0	0

How involved were you in the decision to select this EHR system for your organization?

- O A. I made the final decision
- O B. I had significant input but did not make the final decision.
- O C. I was relatively uninvolved in the decision process.
- O D. I had no input whatsoever.

How would you describe your attitude toward adoption of this EHR system in your organization?

- O A. I favored this system initially and continue to consider it a good choice.
- O B. I favored this system initially but now believe it was a bad choice
- O C. I opposed this system initially and continue to believe it was a bad choice.
- O D. I opposed this system initially but now believe it was a good choice.

Thank you for your input. Your response will help many of your colleagues make the tough decisions involved in selecting an EHR system. If you have completed the print version of this survey, you can submit your responses by fax to 913-906-6010 or by mail to *FPM*, 11400 Tomahawk Creek Pkwy, Leawood KS 66211. If you would prefer to submit your responses online, you'll find an interactive version of this survey on the *FPM* Web site at www.aafp.org/ehrsurvey.xml. Results will be published in a future issue of *FPM*.