How Doctors Feel About Electronic Health Records

National Physician Poll by The Harris Poll
Background, Objectives, and Methodology

New research from Stanford Medicine, conducted with The Harris Poll examined perceptions of EHR systems among primary care physicians (PCPs). The research will inform a white paper drafted by Stanford Medicine, one that is focused on identifying what problems doctors are encountering with EHRs, and then implementing solutions.

Qualified respondents were:

- PCPs (Primary medical specialty defined as Family Practice, General Practice, or Internal Medicine)
- Licensed to practice in the United States
- Using their current EHR system for at least one month

Method Statement (to be included in all materials for public release):

The survey was conducted online by The Harris Poll on behalf of Stanford Medicine between March 2 and March 27, 2018 among 521 PCPs licensed to practice in the U.S. who have been using their current EHR system for at least one month. Physicians were recruited via snail mail from the American Medical Association (AMA) Masterfile. Figures for years in practice by gender, region, and primary medical specialty were weighted where necessary to bring them into line with their actual proportions in the population of PCPs in the U.S.

Throughout this report:

- Percentages may not add up to 100% due to weighting and/or computer rounding and the acceptance of multiple responses.
- Unless otherwise noted, results for the Total (all responding PCPs) are displayed.
The Harris Poll, on behalf of Stanford Medicine, conducted a comprehensive survey of over 500 primary-care physicians (PCPs) on electronic health records (EHRs). Some key findings include:

1. **Doctors see value in EHRs, but want substantial improvements.**
   - While roughly two-thirds of PCPs think EHRs have generally led to improved care (63%) and are at least somewhat satisfied with their current EHR systems (66%), they continue to report problems
   - Four in 10 PCPs (40%) believe there are more challenges with EHRs than benefits
   - 62% of time devoted to each patient is being spent in the EHR and half of office-based PCPs (49%) think using an EHR actually detracts from their clinical effectiveness
   - Seven out of 10 physicians (71%) agree that EHRs greatly contribute to physician burnout
   - Six out of 10 physicians (59%) think EHRs need a complete overhaul

2. **EHRs aren’t seen as powerful clinical tools; their primary value, according to PCPs, is data storage (44%).**
   - Only 8% say the primary value of their EHR is clinically related

3. **Physicians agree on what needs to be fixed right away, and what needs to be fixed over the next decade:**
   - Nearly three out of four PCPs (72%) think that improving EHRs’ user interfaces could best address EHR challenges in the immediate future
   - Seven out of 10 PCPs (67%) think solving interoperability deficiencies should be the top priority for EHRs in the next decade—and 43% want improved predictive analytics to support disease diagnosis, prevention, and population health management
Executive Summary
Despite 70% saying EHRs have improved over the last five years, more than half still agree that:

- EHRs need a complete overhaul (59%)
- Using an EHR detracts from their professional satisfaction (54%)

Two-thirds of PCPs (66%) report that they are satisfied with their current EHR system.
However, only one in five (18%) are very satisfied.

Six in 10 agree that EHRs have led to improved patient care, both in general (63%), and within their practice (61%).

Despite 70% saying EHRs have improved over the last five years, more than half still agree that:

- EHRs need a complete overhaul (59%)
- Using an EHR detracts from their professional satisfaction (54%)
While only 3% of PCPs don’t see any value in their EHR system, time constraints take a toll and patient relationships suffer:

**Seven in 10 agree that**

- Using an EHR has increased the total # of hours I work on a daily basis: 74%
- EHRs contribute greatly to physician burnout: 71%
- Using an EHR takes valuable time away from my patients: 69%

**Seven in 10 disagree that**

- My EHR has strengthened my patient relationships: 69%

More time spent in EHR than with patient:

- **31 min** spent on behalf of each patient; 19 of which spent in EHR

- Interacting with patient **during** visit
- Interacting with EHR **during** visit
- Interacting with EHR **outside** visit
Physicians see EHRs as a storage—not clinical—tool; about half say it detracts from their clinical effectiveness.

Nearly half of PCPs (44%) say the primary value of their EHR is digital storage, while less than one in 10 (8%) cite key clinically related items such as disease prevention/management (3%), clinical decision support (3%), and patient engagement (2%).

Half agree that using an EHR detracts from their clinical effectiveness.

- Strongly agree: 17%
- Somewhat agree: 32%
- Agree: 49%
Physicians see EHRs as a storage—not clinical—tool; about half say it detracts from their clinical effectiveness. (cont.)

The EHR abilities nearly all PCPs agree are important are related to technology; fewer say clinical abilities are as important.

<table>
<thead>
<tr>
<th>Ability</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain a high-quality record of patient data in the EHR over time</td>
<td>99%</td>
</tr>
<tr>
<td>Provide an intuitive user experience</td>
<td>97%</td>
</tr>
<tr>
<td>Providing clinical decision support in the moment of care</td>
<td>88%</td>
</tr>
<tr>
<td>Identifying high risk patients in my patient panel</td>
<td>86%</td>
</tr>
</tbody>
</table>

The top items PCPs are most satisfied with are also more technological than clinical:

<table>
<thead>
<tr>
<th>Ability</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain a high-quality record of patient data in the EHR over time</td>
<td>73%</td>
</tr>
<tr>
<td>Providing patients with access to medical records</td>
<td>71%</td>
</tr>
<tr>
<td>Sharing information with providers across the care continuum</td>
<td>65%</td>
</tr>
<tr>
<td>Supporting practice management/revenue cycle management needs</td>
<td>60%</td>
</tr>
</tbody>
</table>
Some of the most important EHR capabilities are where PCPs believe the technology is falling short.

<table>
<thead>
<tr>
<th>Importance of vs. Satisfaction with EHR Abilities</th>
<th>Difference (Important – Satisfied)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change or adapt in response to user feedback</td>
<td>44% 91% 47%</td>
</tr>
<tr>
<td>Provide an intuitive user experience</td>
<td>54% 97% 43%</td>
</tr>
<tr>
<td>Facilitate better patient-provider interaction</td>
<td>50% 91% 41%</td>
</tr>
<tr>
<td>Coordinate care for patients with complex conditions</td>
<td>56% 94% 38%</td>
</tr>
<tr>
<td>Identify high-risk patients in my patient panel</td>
<td>52% 86% 34%</td>
</tr>
<tr>
<td>Provide clinical decision support in the moment of care</td>
<td>56% 88% 32%</td>
</tr>
<tr>
<td>Share information with providers across the care continuum</td>
<td>56% 95% 30%</td>
</tr>
<tr>
<td>Maintain a high-quality record of patient data in the EHR over time</td>
<td>65% 99% 26%</td>
</tr>
<tr>
<td>Support my practice management/revenue cycle management needs</td>
<td>73% 85% 25%</td>
</tr>
<tr>
<td>Engage patients in prescribed care plans through mobile technologies</td>
<td>60% 72% 19%</td>
</tr>
<tr>
<td>Provide patients with access to their medical records</td>
<td>53% 80% 9%</td>
</tr>
</tbody>
</table>

Focus improvements on the user experience
What nine in 10 physicians want: EHRs to be more intuitive and responsive.

PCPs agree that three features are crucial for EHRs: an intuitive user experience, adapting to feedback, and helping improve interactions between patients and providers. For all three, only half of PCPs are satisfied with their EHRs’ performance at the moment.
The short-term improvement physicians want most? Improved interface design.

Top three improvements PCPs want to see in the short term:

- Improve EHR user interface design to eliminate inefficiencies and reduce screen time: 72%
- Shift more EHR data entry to support staff: 48%
- Use of highly accurate voice recording technology that acts as a scribe during patient visits: 38%

Other solutions and EHR attitudes suggest there is also opportunity to re-imagine care teams and delegate or automate EHR tasks:

Over one-quarter of PCPs (27%) indicate that developing Artificial Intelligence (AI) assistants to support physicians with patient care and practice administration is a long-term EHR development they'd like to see in the next 10 years.

Most EHR tasks that I perform cannot be completed by anyone other than a trained physician

- Strongly disagree: 69%
- Somewhat disagree: 22%
- Agree: 47%
The biggest long-term development physicians want to see with EHRs: improved interoperability and predictive analytics.

Over the next decade, PCPs would most like to see...

Interoperability (system-wide information sharing) deficiencies solved 67%

Improved predictive analytics to support disease diagnosis, prevention, and population health management 43%

Integrated financial information in the EHR to help patients understand the costs of their care options 32%
Nearly one in three PCPs think entrenched financial interests will be an obstacle.

PCPs see the following as the biggest obstacles to future changes: cost, structure, and incentives.

1 in 2 cite:
- 48% Healthcare IT too fragmented and disconnected
- 48% Cost to physician/practice

1 in 3 cite:
- 30% Financial interests within the healthcare industry are too entrenched to change the status quo
Differences emerge between PCPs based in an office and those based in a hospital.

Nearly half of office-based PCPs see digital storage as the primary value of EHRs.

<table>
<thead>
<tr>
<th>Agreement with:</th>
<th>Office-based</th>
<th>Hospital-based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having access to digital patient data is imperative to high quality care</td>
<td>82%</td>
<td>95%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary value of EHR:</th>
<th>Office-based</th>
<th>Hospital-based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Digital storage</td>
<td>47%</td>
<td>31%</td>
</tr>
<tr>
<td>Care coordination</td>
<td>13%</td>
<td>23%</td>
</tr>
<tr>
<td>Billing/revenue cycle</td>
<td>10%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Office-based PCPs take a harsher view toward EHRs.

<table>
<thead>
<tr>
<th>Office-based</th>
<th>29 min spent on behalf of each patient; 17 of which spent in EHR</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital-based</td>
<td>37 min spent on behalf of each patient; 25 of which spent in EHR</td>
<td>10</td>
</tr>
</tbody>
</table>

Agreement with:

<table>
<thead>
<tr>
<th>Using an EHR detracts from my clinical effectiveness</th>
<th>Office-based</th>
<th>Hospital-based</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>51%</td>
<td>36%</td>
</tr>
</tbody>
</table>

| Interacting with patient during visit | 50%          | 31%            |

| Interacting with EHR during visit | 50%          | 31%            |

| Interacting with EHR outside visit | 44%          | 28%            |

<table>
<thead>
<tr>
<th>There are more challenges to using EHRs than benefits</th>
<th>Office-based</th>
<th>Hospital-based</th>
</tr>
</thead>
</table>
Detailed Findings
Lukewarm satisfaction: Only one in five PCPs is “very satisfied” with EHRs—about the same who are “somewhat dissatisfied.”

EHR Satisfaction

18% Very satisfied
48% Somewhat satisfied
21% Somewhat dissatisfied
13% Very dissatisfied

66% Satisfied (Net)
34% Dissatisfied (Net)

Base: All qualified respondents (n=521). Q805: Overall, how satisfied are you with your current EHR system?
EHR systems take away valuable time PCPs wish they had to spend with patients.

Patient Care Attitudes

- I wish I had more time to spend with patients
  - 2% Strongly Disagree
  - 11% Somewhat Disagree
  - 37% Somewhat Agree
  - 51% Strongly Agree
  - Agree (Net): 87%

- I am satisfied with the amount of engagement I have with my patients during visits
  - 5% Strongly Disagree
  - 29% Somewhat Disagree
  - 49% Somewhat Agree
  - 17% Strongly Agree
  - Agree (Net): 66%

- I rarely have time to address all patients’ questions/concerns
  - 9% Strongly Disagree
  - 28% Somewhat Disagree
  - 43% Somewhat Agree
  - 19% Strongly Agree
  - Agree (Net): 62%

EHR Impact

- Using an EHR takes valuable time away from my patients
  - 7% Strongly Disagree
  - 24% Somewhat Disagree
  - 38% Somewhat Agree
  - 30% Strongly Agree
  - Agree (Net): 69%

- My EHR has strengthened my patient relationships
  - 28% Strongly Disagree
  - 41% Somewhat Disagree
  - 26% Somewhat Agree
  - 4% Strongly Agree
  - Agree (Net): 31%

Base: All qualified respondents (n=521). Q715: How much do you agree or disagree with each of the following statements? Q820: How much do you agree or disagree with each of the following statements?
Seven in 10 PCPs say EHRs increase daily hours worked and contribute greatly to burnout.

Patient Care Attitudes and the EHR Impact

**Professional Satisfaction**

**Patient Care Attitudes**

- Having a good relationship with my patients contributes significantly to my professional satisfaction
  - 1% Strongly Disagree
  - 12% Somewhat Disagree
  - 87% Somewhat Agree
  - 99% Strongly Agree

**EHR Impact**

- Using an EHR has increased the total number of hours I work on a daily basis
  - 5% Strongly Disagree
  - 21% Somewhat Disagree
  - 29% Somewhat Agree
  - 45% Strongly Agree

- EHRs contribute greatly to physician burnout
  - 6% Strongly Disagree
  - 23% Somewhat Disagree
  - 34% Somewhat Agree
  - 37% Strongly Agree

- Using an EHR detracts from my professional satisfaction
  - 11% Strongly Disagree
  - 34% Somewhat Disagree
  - 29% Somewhat Agree
  - 25% Strongly Agree

Base: All qualified respondents (n=521). Q715: How much do you agree or disagree with each of the following statements? Base: All qualified respondents (n=521). Q820: How much do you agree or disagree with each of the following statements?
While a majority of PCPs believe EHRs have led to improved patient care, nearly half still feel their clinical effectiveness has been negatively impacted.

### Patient Care Attitudes and the EHR Impact
#### Quality of Care and Clinical Effectiveness

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
<th>Agree (Net)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having access to digital patient data is imperative to provide high quality care</td>
<td>4%</td>
<td>12%</td>
<td>34%</td>
<td>51%</td>
<td>84%</td>
</tr>
<tr>
<td>I have the tools needed to provide high-quality care</td>
<td>4%</td>
<td>15%</td>
<td>50%</td>
<td>31%</td>
<td>81%</td>
</tr>
<tr>
<td>I feel less clinically effective than I did five years ago^</td>
<td>25%</td>
<td>32%</td>
<td>28%</td>
<td>15%</td>
<td>42%</td>
</tr>
</tbody>
</table>

### EHR Impact

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
<th>Agree (Net)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In general, EHRs have led to improved patient care</td>
<td>12%</td>
<td>25%</td>
<td>49%</td>
<td>14%</td>
<td>63%</td>
</tr>
<tr>
<td>My EHR has led to improved patient care in my practice</td>
<td>13%</td>
<td>26%</td>
<td>49%</td>
<td>13%</td>
<td>61%</td>
</tr>
<tr>
<td>Using an EHR detracts from my clinical effectiveness</td>
<td>14%</td>
<td>36%</td>
<td>32%</td>
<td>17%</td>
<td>49%</td>
</tr>
</tbody>
</table>

^Reduced base (those in practice 5+ years): Total n=483; 10-20 years in practice n=175; 21+ years in practice n=240

Base: All qualified respondents (n=521). Q715: How much do you agree or disagree with each of the following statements?

Base: All qualified respondents (n=521). Q820: How much do you agree or disagree with each of the following statements?
Things are getting better, but many PCPs still say a complete overhaul is needed and nearly half are using work-arounds often.

Additional EHR Attitudes

- EHRs have improved over the last five years
  - Strongly Disagree: 10%
  - Somewhat Disagree: 21%
  - Somewhat Agree: 48%
  - Strongly Agree: 21%
  - Agree (Net): 70%

- EHRs need a complete overhaul
  - Strongly Disagree: 12%
  - Somewhat Disagree: 29%
  - Somewhat Agree: 33%
  - Strongly Agree: 26%
  - Agree (Net): 59%

- My EHR is personalized to my individual role in care delivery
  - Strongly Disagree: 23%
  - Somewhat Disagree: 29%
  - Somewhat Agree: 40%
  - Strongly Agree: 8%
  - Agree (Net): 48%

- I often use other means (paper notes, scanning, faxing) as workarounds for my EHR
  - Strongly Disagree: 28%
  - Somewhat Disagree: 25%
  - Somewhat Agree: 30%
  - Strongly Agree: 17%
  - Agree (Net): 47%

- My EHR has adequate tools to help me navigate payment reform
  - Strongly Disagree: 19%
  - Somewhat Disagree: 37%
  - Somewhat Agree: 38%
  - Strongly Agree: 6%
  - Agree (Net): 44%

- There are more challenges to using EHR’s than there are benefits
  - Strongly Disagree: 15%
  - Somewhat Disagree: 44%
  - Somewhat Agree: 26%
  - Strongly Agree: 14%
  - Agree (Net): 40%

- Most EHR tasks that I perform cannot be completed by anyone other than a trained physician
  - Strongly Disagree: 22%
  - Somewhat Disagree: 47%
  - Somewhat Agree: 23%
  - Strongly Agree: 8%
  - Agree (Net): 31%

Opportunity to re-imagine care teams & delegate EHR tasks

Base: All qualified respondents (n=521). Q820: How much do you agree or disagree with each of the following statements?
Nearly all PCPs agree on what the most important abilities of EHRs are.

<table>
<thead>
<tr>
<th>Importance of EHR Abilities</th>
<th>Important (Net)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain a high-quality record of patient data in the EHR over time</td>
<td>99%</td>
</tr>
<tr>
<td>Provide an intuitive user experience</td>
<td>97%</td>
</tr>
<tr>
<td>Share information with providers across the care continuum</td>
<td>95%</td>
</tr>
<tr>
<td>Coordinate care for patients with complex conditions</td>
<td>94%</td>
</tr>
<tr>
<td>Change or adapt in response to user feedback</td>
<td>91%</td>
</tr>
<tr>
<td>Facilitate better patient-provider interaction</td>
<td>91%</td>
</tr>
<tr>
<td>Provide clinical decision support in the moment of care</td>
<td>88%</td>
</tr>
<tr>
<td>Identify high risk patients in my patient panel</td>
<td>86%</td>
</tr>
<tr>
<td>Support my practice management/revenue cycle management needs</td>
<td>85%</td>
</tr>
<tr>
<td>Provide patients with access to their medical records</td>
<td>80%</td>
</tr>
<tr>
<td>Engage patients in prescribed care plans through mobile technologies</td>
<td>72%</td>
</tr>
</tbody>
</table>

Base: All qualified respondents (n=521). Q825: How important is it that an EHR system have the ability to do each of the following?
Less than half of physicians are satisfied with their EHRs’ ability to change or adapt.

### Satisfaction with EHR Abilities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Very dissatisfied</th>
<th>Somewhat dissatisfied</th>
<th>NA</th>
<th>Somewhat satisfied</th>
<th>Very satisfied</th>
<th>Satisfied (Net)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain a high-quality record of patient data in the EHR over time</td>
<td>8%</td>
<td>15%</td>
<td>3%</td>
<td>38%</td>
<td>35%</td>
<td>73%</td>
</tr>
<tr>
<td>Provide patients with access to their medical records</td>
<td>6%</td>
<td>17%</td>
<td>6%</td>
<td>50%</td>
<td>21%</td>
<td>71%</td>
</tr>
<tr>
<td>Share information with providers across the care continuum</td>
<td>14%</td>
<td>19%</td>
<td>3%</td>
<td>36%</td>
<td>29%</td>
<td>65%</td>
</tr>
<tr>
<td>Support my practice management/revenue cycle management needs</td>
<td>9%</td>
<td>20%</td>
<td>11%</td>
<td>43%</td>
<td>17%</td>
<td>60%</td>
</tr>
<tr>
<td>Coordinate care for patients with complex conditions</td>
<td>14%</td>
<td>26%</td>
<td>3%</td>
<td>38%</td>
<td>18%</td>
<td>56%</td>
</tr>
<tr>
<td>Provide clinical decision support in the moment of care</td>
<td>13%</td>
<td>28%</td>
<td>4%</td>
<td>39%</td>
<td>17%</td>
<td>56%</td>
</tr>
<tr>
<td>Provide an intuitive user experience</td>
<td>19%</td>
<td>26%</td>
<td>1%</td>
<td>34%</td>
<td>20%</td>
<td>54%</td>
</tr>
<tr>
<td>Engage patients in prescribed care plans through mobile technologies</td>
<td>11%</td>
<td>27%</td>
<td>8%</td>
<td>41%</td>
<td>13%</td>
<td>53%</td>
</tr>
<tr>
<td>Identify high risk patients in my patient panel</td>
<td>14%</td>
<td>27%</td>
<td>6%</td>
<td>37%</td>
<td>16%</td>
<td>52%</td>
</tr>
<tr>
<td>Facilitate better patient-provider interaction</td>
<td>17%</td>
<td>29%</td>
<td>3%</td>
<td>37%</td>
<td>14%</td>
<td>50%</td>
</tr>
<tr>
<td>Change or adapt in response to user feedback</td>
<td>26%</td>
<td>29%</td>
<td>2%</td>
<td>32%</td>
<td>12%</td>
<td>44%</td>
</tr>
</tbody>
</table>

Base: All qualified respondents (n=521). Q830: How satisfied are you with your EHR system's ability to do each of the following?
Nearly three in four PCPs want EHRs to improve their user interfaces.

**Short-Term EHR Developments**

(Up to 3 responses were selected)

<table>
<thead>
<tr>
<th>Development</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve EHR user interface design to eliminate inefficiencies and reduce screen time</td>
<td>72%</td>
</tr>
<tr>
<td>Shift more EHR data entry to support staff (nurse, PA, etc.)</td>
<td>48%</td>
</tr>
<tr>
<td>Use of highly accurate voice recording technology that acts as a scribe during patient visits</td>
<td>38%</td>
</tr>
<tr>
<td>Provide more real-time and relevant clinical decision support tools for physicians in the moment of the patient visit</td>
<td>29%</td>
</tr>
<tr>
<td>Offer more modular versions of EHR software, such that it can be more customizable to specific practice needs</td>
<td>29%</td>
</tr>
<tr>
<td>Better training on how to maximize the value of my EHR</td>
<td>27%</td>
</tr>
<tr>
<td>Better tools to manage quality reporting and billing administration</td>
<td>21%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
</tr>
</tbody>
</table>

*Opportunity to re-imagine care teams & delegate EHR tasks*

- "Current EHR is brimming with useless info from all sorts of health care providers. Vanishingly little is usable clinical information."
- "Offer versions without useless ‘meaningful use’ bloatware”

Base: All qualified respondents (n=521). Q845: Please consider shorter-term developments and solutions that could help alleviate EHR challenges. Which of the following could best address these challenges in the immediate future? Please select up to three responses.
The biggest long-term fix: EHRs sharing information with other systems.

Long-Term EHR Developments
(up to 3 responses were selected)

- Solving interoperability (system-wide information sharing) deficiencies through various strategies: 67%
- Improving predictive analytics to support disease diagnosis, prevention, and population health management: 43%
- Integrating financial information into the EHR to help patients understand the costs of their care options: 32%
- Making virtual care a standard part of medical practice: 29%
- Harnessing the Internet of Things in medicine by integrating Internet-connected medical devices into clinical workflows: 28%
- Developing Artificial Intelligence (AI) assistants to support physicians with patient care and practice administration: 27%
- Integrating social datasets into the context of patient health within the EHR workflow: 22%
- Other: 6%

Opportunity to re-imagine care teams & delegate EHR tasks

“Improved operability, ease of use, less clicks and box checking, less time requirement of charting”

“Current EHR is full of stuff geared toward billing and not toward excellent patient care”

Base: All qualified respondents (n=521). Q835: Which of the following EHR developments would you most like to see realized in the next 10 years? Please select up to three responses.
The two biggest challenges PCPs see: fragmented IT in healthcare, and cost to the physician/practice.

<table>
<thead>
<tr>
<th>Obstacles to Achieving Long-Term EHR Developments</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care IT is too fragmented and disconnected</td>
<td>48%</td>
</tr>
<tr>
<td>Cost (to the physician/practice)</td>
<td>48%</td>
</tr>
<tr>
<td>EHR vendors aren’t concerned about improving user experience for physicians</td>
<td>31%</td>
</tr>
<tr>
<td>Financial interests within the health care industry are too entrenched to change the status quo</td>
<td>30%</td>
</tr>
<tr>
<td>Lack of time (too busy to implement new technologies)</td>
<td>27%</td>
</tr>
<tr>
<td>Payment/reimbursement models</td>
<td>19%</td>
</tr>
<tr>
<td>IT security</td>
<td>18%</td>
</tr>
<tr>
<td>Lack of favorable government policies</td>
<td>17%</td>
</tr>
<tr>
<td>Patient privacy concerns (HIPAA)</td>
<td>13%</td>
</tr>
<tr>
<td>Financial interests within my organization are too entrenched to change the status quo</td>
<td>13%</td>
</tr>
<tr>
<td>Cultural barriers within the health care industry at large</td>
<td>7%</td>
</tr>
<tr>
<td>Lack of clinical evidence</td>
<td>6%</td>
</tr>
<tr>
<td>Cultural barriers within my organization</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
</tr>
<tr>
<td>“IT’s lack of understanding of healthcare workflow and needs”</td>
<td></td>
</tr>
<tr>
<td>“Those developing changes aren’t involved with seeing patients at the point of care”</td>
<td></td>
</tr>
</tbody>
</table>

Base: All qualified respondents (n=521). Q840: What are the biggest obstacles standing in the way of these types of EHR developments in the future? Please select up to three responses.
For seven out of 10 PCPs, the primary value of EHRs is either a basic tech or administrative function.
On average, PCPs spend more time interacting with the EHR than with the patient.

### Average Time Spent During and Outside of Patient Visit

- **11.8 minutes**
  - Interacting directly with a patient during a visit
- **8.3 minutes**
  - Interacting with the EHR system during a patient visit
- **10.6 minutes**
  - Interacting with the EHR system outside of a patient visit
- **20.1 minutes**
  - Total time spent in each patient visit
- **30.8 minutes**
  - Total time spent on each patient (during and outside of visit)

### Proportion of EHR Time Spent on Tasks

- **18.9 minutes**
  - Total time spent in EHR
- **30%**
  - Clinical tasks
- **70%**
  - Administrative tasks

Hospital-based PCPs spend more time than office-based PCPs interacting with the EHR both during the visit (10.0 vs. 7.6 minutes) and outside the visit (14.5 vs. 8.9 minutes).

62% of time devoted to each patient is being spent in the EHR.

Clinical tasks are time consuming possibly due to poor user interface.
While most PCPs have and are satisfied with e-Prescribing, many are less satisfied with EHR alerts and quality reporting tools.

<table>
<thead>
<tr>
<th>EHR Features</th>
<th>Satisfied (Net)</th>
</tr>
</thead>
<tbody>
<tr>
<td>e-Prescribing</td>
<td>88%</td>
</tr>
<tr>
<td>Patient portal</td>
<td>71%</td>
</tr>
<tr>
<td>EHR alerts</td>
<td>61%</td>
</tr>
<tr>
<td>Quality reporting tools</td>
<td>60%</td>
</tr>
<tr>
<td>Telemedicine</td>
<td>74% *</td>
</tr>
<tr>
<td>None of these</td>
<td>1%</td>
</tr>
</tbody>
</table>

EHR Feature Satisfaction

Among those who have each feature

- **Very Dissatisfied**
- **Somewhat Dissatisfied**
- **Somewhat Satisfied**
- **Very Satisfied**

*Caution: Small base size (n<100). Results should be interpreted as directional only.

Base: All qualified respondents (n=521). Q810: Which of the following features, if any, does your EHR have? Base: All qualified respondents (n=521). Q815: How satisfied are you with each of these features provided by your EHR?
The majority of PCPs are manually self-entering their notes, with only a small proportion using alternative means.

**Method for Entering Notes into EHR**

- **Manually self-enter (free-text typing, structured data forms, etc.)**: 79% - Mean # minutes spent in EHR: 19.4 minutes
- **Self-enter using voice recognition software**: 12% - Mean # minutes spent in EHR: 17.2 minutes
- **Dictate using a recording device and use transcription service**: 5% - Mean # minutes spent in EHR: 17.1 minutes
- **Someone else (scribe, other staff member, etc.) enters for me**: 3% - Mean # minutes spent in EHR: 16.8 minutes
- **Other**: *

**Satisfaction with Voice Recognition Technology**

Among those who use voice recognition technology**

- **Very satisfied**: 12%
- **Somewhat satisfied**: 50%
- **Somewhat dissatisfied**: 25%
- **Very dissatisfied**: 13%

**Satisfied (Net)**: 62%

**Dissatisfied (Net)**: 38%

**Caution**: Small base size (n<100). Results should be interpreted as directional only.

**Using alternative means of note entry could save a few minutes of time spent in the EHR**

**Caution**: Very small base size (n<30). Results should be interpreted as directional only.

Base: All qualified respondents (n=521). Q875: Which of the following best describes how you enter most of your notes into the EHR system?

Base: All qualified respondents (n=521). Q880: How satisfied are you with the voice recognition technology you use to enter your notes into the EHR?
PCPs who agree that EHRs increase daily hours worked and that they contribute greatly to physician burnout spend over 5 minutes more per patient visit in the EHR than those who disagree with those statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree (NET)</th>
<th>Disagree (NET)</th>
<th>DIFFERENCE (Agree-Disagree)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using an EHR has increased the total number of hours I work on a daily basis</td>
<td>14.0</td>
<td>20.7</td>
<td>6.6</td>
</tr>
<tr>
<td>EHRs contribute greatly to physician burnout</td>
<td>15.3</td>
<td>20.5</td>
<td>5.2</td>
</tr>
<tr>
<td>Using an EHR detracts from my clinical effectiveness</td>
<td>17.1</td>
<td>20.8</td>
<td>3.7</td>
</tr>
<tr>
<td>Using an EHR takes valuable time away from my patients</td>
<td>16.6</td>
<td>20.3</td>
<td>3.4</td>
</tr>
<tr>
<td>Using an EHR detracts from my professional satisfaction</td>
<td>17.3</td>
<td>20.0</td>
<td>2.7</td>
</tr>
<tr>
<td>EHRs need a complete overhaul</td>
<td>17.6</td>
<td>19.9</td>
<td>2.3</td>
</tr>
<tr>
<td>There are more challenges to using EHR’s than there are benefits</td>
<td>18.2</td>
<td>20.0</td>
<td>1.8</td>
</tr>
<tr>
<td>I often use other means (paper notes, scanning, faxing, etc.) as work arounds for my EHR</td>
<td>18.8</td>
<td>19.3</td>
<td>0.7</td>
</tr>
<tr>
<td>My EHR has strengthened my patient relationships</td>
<td>19.1</td>
<td>18.9</td>
<td>0.2</td>
</tr>
<tr>
<td>Most EHR tasks that I perform cannot be completed by anyone other than a trained physician</td>
<td>18.8</td>
<td>19.0</td>
<td>-0.2</td>
</tr>
<tr>
<td>EHRs have improved over the last five years</td>
<td>18.2</td>
<td>20.7</td>
<td>-2.5</td>
</tr>
<tr>
<td>My EHR has led to improved patient care</td>
<td>18.0</td>
<td>20.5</td>
<td>-2.5</td>
</tr>
<tr>
<td>In general, EHRs have led to improved patient care</td>
<td>18.0</td>
<td>20.6</td>
<td>-2.6</td>
</tr>
<tr>
<td>My EHR has adequate tools to help me navigate payment reform</td>
<td>17.2</td>
<td>20.6</td>
<td>-3.1</td>
</tr>
<tr>
<td>My EHR is personalized to my individual role in care delivery</td>
<td>17.1</td>
<td>20.7</td>
<td>-3.6</td>
</tr>
</tbody>
</table>

Base: All qualified respondents (n=521). Q820: How much do you agree or disagree with each of the following statements?
Physician Profile
## Physician Profile

### Primary Medical Specialty

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine</td>
<td>51%</td>
</tr>
<tr>
<td>Family Practice</td>
<td>47%</td>
</tr>
<tr>
<td>General Practice</td>
<td>2%</td>
</tr>
</tbody>
</table>

### Years in Practice

- **Mean:** 16.3
- **< 10 Years:** 39%
- **10-20 Years:** 30%
- **21+ Years:** 31%

### Gender/Age

- **Female:** 38%
- **Male:** 62%
- **Mean Age:** 47.2

### Weekly Patient Volume

- **Mean:** 82.1
  - **<50:** 17%
  - **51-100:** 22%
  - **101+:** 61%

### Patient Population

- **Adult and Geriatric (19+):** 44%
- **All ages (0+):** 31%
- **Geriatric only (65+):** 18%
- **Adult only (19-64):** 6%
- **Pediatric only (<19):** -

### Practice Setting

- **Office/Clinic:** 69%
- **Hospital/Lab:** 23%
- **Equally Office/Hospital:** 4%
- **Other:** 4%

### Office Setting

- **Solo Practice:** 20%
- **Single-Specialty Practice:** 43%
- **Multi-Specialty Practice:** 34%

### Hospital Setting

- **Academic:** 30%
- **Community:** 30%
- **Other (Not Sure):** 22%
- **Not Sure:** 10 or less
- **Mean:** 11.6

### # Payers Submitted Claims To in Past Year

- **Mean:** 11.6
- **10 or less:** 47%
- **11+:** 32%
- **Not Sure:** 22%

*Base: All qualified respondents (n=521) (Unless otherwise specified)*
EHR and Technology Background

Duration of Current EHR Use

10% 1 month to less than 1 year
39% 1 year to less than 5 years
51% 5 years or more

Technology Adoption

55% Early Majority
“I like to try new technologies but only after other people have tried them and recommended them to me.”

20% Early adopters
“I like to try new technologies as soon as they come out.”

23% Late Majority
“I like to try new technologies only after they have been in the marketplace for a while.”

2% Laggards
“I rarely like to try new technologies.”

Base: All qualified respondents (n=521). Q610: How long have you actively been utilizing this EMR/EHR system?
Base: All qualified respondents (n=521). Q720: Which of the following statements describes you best?