



It's Time to Meet Physicians' Concerns About EHRs



Not so long ago, hospital leadership viewed physicians' resistance to newly installed electronic health records systems as simply refusing to accept new technology. They predicted all the uproar would fade away.

Physicians' complaints, however, aren't going away. They're only getting more intense. In a survey by AmericanEHR Partners released in March 2013, doctors' dissatisfaction with EHR systems rose from 23% in 2010 to 37% in 2012. (1)

Health leaders now acknowledge that physicians were right all along. In fact, usability testing is a requirement under Stage 2 of the federal Meaningful Use requirements for health IT. Stage 2 will become effective in 2014 .

The fact is that most EHR user interfaces are not intuitive. They do not follow physicians' normal workflows or thought processes. In a 2011 report on EHRs, the Institute of Medicine pointed to "poor interface design that detracts from clinician efficiency and affinity for the system," and noted that these problems "will likely lead to underuse or misuse of the system." (2)

As an internist by training, I've witnessed the uproar first-hand when a poorly configured hospital-based EHR is installed. I worked as a hospitalist for 11 years at a 12-hospital system in North Carolina, and was director of hospitalists there for eight years. During my time there, I witnessed the installation of a new EHR system, and it made the doctors nearly apoplectic. The look, feel and usability of the new system made them recoil.

Physicians' dissatisfaction with EHRs grew during Stage

1 of Meaningful Use because they had to use their EHRs for a wider set of functions and they were forced to change familiar processes - further exposing the non-intuitive nature of these systems. Physicians' struggles with unfriendly EHRs lead to three troubling outcomes:

1. Lower productivity. The AmericanEHR survey showed that 32% of physicians said productivity had not returned to pre-EHR levels, compared with 20% in 2010. These physicians were not new users who would eventually get used to their systems. They had been using these systems for three years on average.

2. Lower patient satisfaction. When recently I went in for an exam with my primary care physician, he never took his eyes off the computer screen to look at me. This is a problem. When doctors can't interact in the exam room, patients feel ignored and the doctors may miss subtle gestures that will help with their diagnosis.

3. Threats to patient safety. According to a research letter in the March 4 issue of JAMA Internal Medicine, about one-third of physicians using the Veterans Affairs EHR system reported missing or failing to follow up on key electronic alerts about patient test results. (3) As a doctor, I can tell you there is no worse feeling than driving home at night and thinking you missed something.

Why most vendors are out of touch

Why do EHR vendors produce programs that are so out of touch with physicians' needs? I spent a lot of time pondering this as I became increasingly involved in healthcare IT.

A half-dozen years ago, I helped launch a healthcare vendor credentialing and analytics company, and then I was appointed Chief Medical Officer of MEDHOST Inc., an enterprise EHR company that cares as much about this problem as I do. There are three main reasons why most EHR vendors are out of touch with doctors like me:

1. Many of the legacy EHRs for hospitals were built from the back office out. They started with revenues, pharmacy and nursing, and only later added on clinical uses like CPOE. The software of these systems needs to be completely overhauled, but doing so would be extremely complex and expensive.

2. EHR vendors are the victims of their own sales successes. In many cases, their attitude is that their physician-users should have to adapt to their programs, rather than for them to continually adapt their programs to the logic and work patterns of physicians.

3. Software developers for hospital-based EHRs tend to be out of touch with their end-users. Many of them have never set foot in a hospital. Often they measure their success in the number of bells and whistles they can provide, but they don't understand that this makes the end-product much too complex.

What EHR systems need to provide

EHRs have a higher bar to meet today. Physicians have come to expect a high degree of intuitiveness from their smartphones, iPads and social media. They understand that the ideal EHR system should follow the workflow of the end-user. Physicians should be able to quickly master

the basic operation. That is, the system should support them, not work against them. There are basically three things that the ideal EHR system needs to provide:

1. Simplicity. This requires great self-discipline on the part of the EHR company. Five Guys, the fast food chain, has expanded to more than 1,000 locations, but its menu is still very simple: burgers, hotdogs, three sandwiches and two styles of fries. The company understands the thinking of its customers, which goes: "It's just lunch, so don't complicate it." That kind of simplicity is a worthy goal for us, too.

2. Portability. EHR systems have to be interoperable with each other. Right now, having an EHR is like having an airline's frequent flyer card: it is only good for that particular company. Vendors need to take a page from ATMs, which everyone can use, anywhere.

3. Productivity. EHRs need to help physicians be more efficient. Productivity is essential today, because reimbursements are falling and physicians have to do more in less time. They have to be able to get the information they need exactly when they need it.

The MEDHOST solution

Taking the concerns of physician end-users to heart, MEDHOST has created a simple, intuitive and efficient system, in essence, the next evolution in EHR.

We have produced a system that has an easy look, introducing functionalities that follow physicians' workflow and get them through their tasks quickly.

The only way to create a physician-friendly EHR is to put physicians at the center of the design process. MEDHOST relies on its physician advisory board to help design its EHR system. I am the chair of the advisory board. Every three months, 12 doctors fly in from various parts of the country to the MEDHOST headquarters in Franklin, Tenn., and meet from 8 a.m. to 4 p.m. Attendance rarely falls below 90%, because these doctors are enthusiastically committed to creating EHRs that work. What we've learned is that when you ask for physicians' feedback, it's not enough to ask them what they want. You have to filter out the "nices" from the "needs." The "nices" are the one-off feature functionalities that a few doctors want for their own workflow but don't work for most physicians. The "needs," on the other hand, are the feature functionalities that all physicians can agree on, because they are tools that have an immediate value. MEDHOST will not add a "nice" when it would complicate work for 90% of our end-users. After all, physicians who want that "nice" can always customize their own MEDHOST Enterprise dashboard.

The MEDHOST system follows one simple rule: When the doctor needs data, it pushes it toward them, rather than making them hunt for the data and trying to pull it out of the system. We also use processes and symbols that are very familiar to physicians. For example, we have retained the "fishbone" diagram that physicians use as shorthand for patients' lab results. Our system focuses on what the physician does every day. Screens are simple and direct. For example, many EHR screens will show you an enormous amount of headers, whereas we have broken down headers into tabs that create one unique workflow.

Each MEDHOST dashboard has all relevant data for a particular step in a physician's workflow. A new dashboard appears at every step of the care process. The dashboard at admission, for example, helps doctors look at the patient's past records and enter the history and physical. But the doctor's needs on Day 2 of the patient's hospital stay are quite different, so the dashboard is different. Those needs don't change much until discharge, when the dashboard changes again.

What do doctors think of this approach? Our track record speaks for itself. End-users rarely have anything negative to say. We actively solicit suggestions, and the feedback shows we have done our homework. Our physician-centric planning process has already addressed the question.

There is no uproar when we implement a new system. Physicians are able to start using it for their work in just 30 minutes, with minimal disruption. We appreciate that physicians have limited time. Their tools need to be intuitive, for use right out of the box.

In fact, during a recent launch of MEDHOST at a community hospital in South Miami, Fla., physicians needed only minimal training if that. The system closely mimics their basic processes and workflow. If they want to know more about a specific topic, they can pull up a three-minute tutorial from our highly accessible knowledge base library.

Hospitals need their physicians to be happy with their EHR systems. An intuitive, physician-friendly EHR is integral to doctors' ability to make informed decisions and be productive. It helps them with patient care, the

quality of their work, improved finances, more accurate coding and charge capture. We know that physician support is crucial to a hospital's very survival and success, and we achieve that by making sure doctors are totally comfortable with their information systems.

About the author: Frank Newlands, MD, is Chief Medical Officer for MEDHOST, Inc., an enterprise and departmental solutions vendor, based in Nashville, Tenn. An internist by training, Dr. Newlands worked for 11 years as a hospitalist at Novant Health, a 12-hospital system in North Carolina, where he served as Director of Hospitalists for eight years and COO of Shared Services. He also helped launch Vendormate, a healthcare vendor credentialing and analytics company in Atlanta. He currently serves as an Operating partner for Buckhead Investments and holds multiple board positions for healthcare company.

1) *Doctors Are Increasingly Dissatisfied With EHRs*

<http://www.ihealthbeat.org/features/2013/doctors-are-increasingly-dissatisfied-with-ehrs.aspx>

2) *Health IT and Patient Safety: Building Safer Systems for Better Care*

<http://www.iom.edu/Reports/2011/Health-IT-and-Patient-Safety-Building-Safer-Systems-for-Better-Care.aspx>

3) *Information Overload and Missed Test Results in Electronic Health Record-Based Settings*

<http://archinte.jamanetwork.com/article.aspx?articleid=1657753>