Business Strategy: The Current State of Ambulatory EHR Buyer Satisfaction

IDC Health Insights: Healthcare Provider IT Strategies

BUSINESS STRATEGY   #HI244027

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IDC HEALTH INSIGHTS OPINION

This IDC Health Insights report examines the results of an ambulatory electronic health record (EHR) satisfaction study conducted in September 2013. Based on the results of the study, it is clear that the adoption of EHR is widespread, and the applications have some benefits for ambulatory providers, but also the experience of the majority of providers working with EHR in ambulatory practices is one of dissatisfaction. The results of this study and others like it should lead us to challenge the underlying assumptions, goals, and the approaches that we use to purchase, implement, and optimize ambulatory EHR technology. Key findings from the study include:

● 58% of ambulatory providers surveyed were dissatisfied, very dissatisfied, or neutral about their experience with ambulatory EHR.

● Top 3 goals for providers implementing EHR include regulatory compliance (56%), improving the quality of care (43%), and qualifying for meaningful use incentives (40%).

● The two most frequent reasons for EHR dissatisfaction involved lost productivity — spending more time on documentation (85%) and seeing fewer patients (66%).

● Providers that were satisfied with EHR cited the top reasons were a reduction in the number of lost or missing charts (82%), the ability to access medical records and work remotely (75%), and incentive payments (56%).

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Methodology

IDC Health Insights conducted a Web-based survey to gauge physicians' adoption, satisfaction with, and planned road map with regard to ambulatory EHR. 212 ambulatory and hospital-based providers responded to the *EHR Satisfaction Survey,* which was fielded in September 2013 by MedData Group.

Note: All numbers in this document may not be exact due to rounding.

Study Demographics

The EHR satisfaction survey included 212 providers, the majority of whom (80%, or 169) work in an office-based physician group or solo practice. Of the 212 total providers responding, 51% identified themselves as specialists, 46% as primary care physicians, and 3% as hospitalists. 86% of the 169 respondents working in office-based practices reported their practices are independently owned; 10% of the practices responding are owned by hospitals and health systems. These data are described in Figures 1 and 2.

FIGURE 1

Respondents by Type of Providers
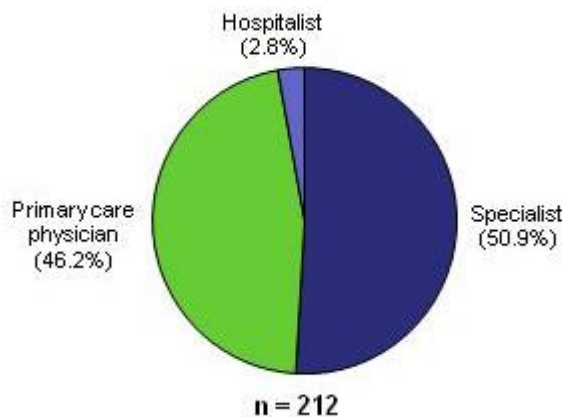
Source: IDC Health Insights, 2013

FIGURE 2

Respondents by Care Settings of Providers
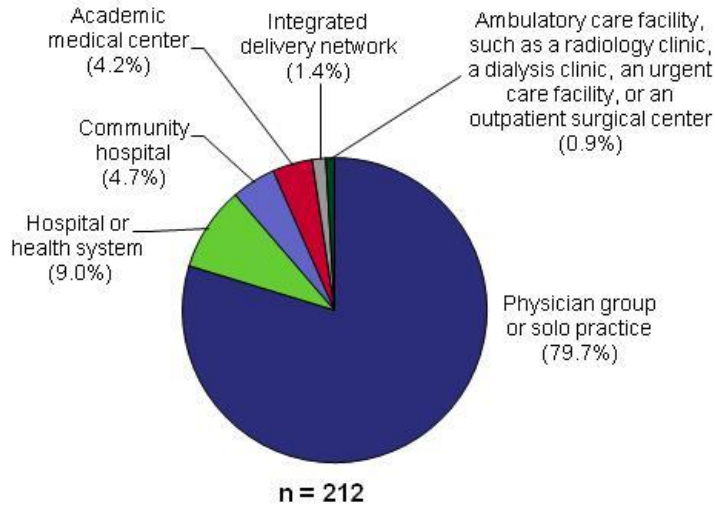
Source: IDC Health Insights' and MedData Group's *EHR Satisfaction Survey,* October 2013

The practice sizes of the 169 respondents working in office-based settings varied widely, but the majority (60%) were in small practices with 5 physicians or fewer. Practice sizes are shown in Figure 3.

FIGURE 3

Respondents by Sizes of Practice

Source: IDC Health Insights' and MedData Group's *EHR Satisfaction Survey,* October 2013

SITUATION OVERVIEW

EHR Adoption and Architecture

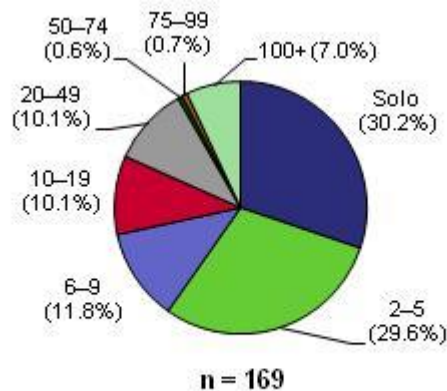In the United States, EHR technology has undergone rapid adoption driven by regulatory incentives that moved the technology from adoption in less than 30% of practices in 2009 to over 85% of practices with the market nearing saturation at the close of 2013. This level of adoption is reflected in the EHR use of the respondents to this study; the vast majority (72%) have been using an EHR for more than a year. 18% have been using an EHR for one year or less, and no providers reported having no plans to use an EHR (see Figure 4).

FIGURE 4

Respondents Using EHR by Providers
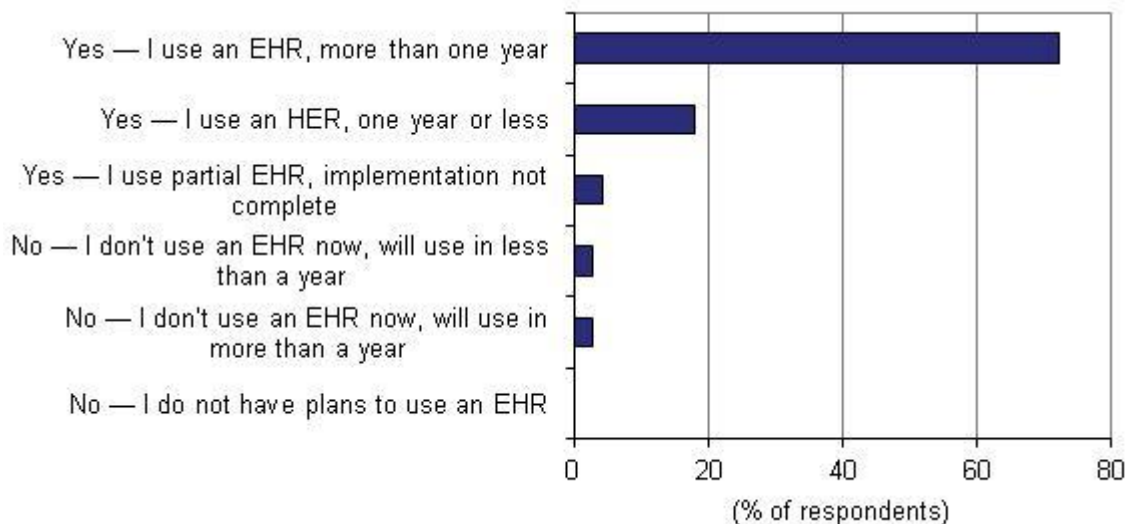
n = 212

Source: IDC Health Insights' and MedData Group's *EHR Satisfaction Survey,* October 2013

While the majority of the providers responding (76%) were using a first-generation EHR in their practice, a significant portion (22%) reported that they had already replaced their EHR (see Figure 5). SaaS and cloud-based EHRs are also in use in the practices in our sample, with 29% reporting that they use a SaaS or hosted EHR. Fifty five percent reported that their EHR is installed onsite (see Figure 6).

FIGURE 5

Primary and Replacement EHR Use

Q. *Is the EHR you are currently planning to implement, implementing, or using your firm's first or a replacement EHR?*
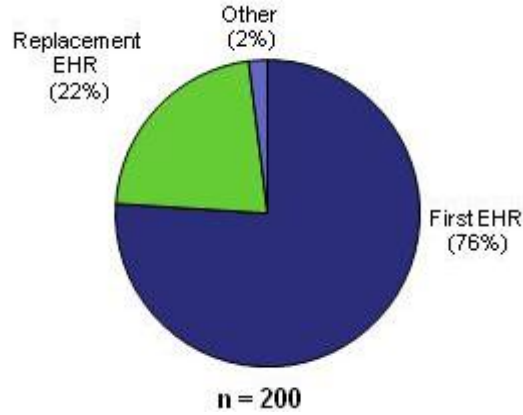
Source: IDC Health Insights' and MedData Group's *EHR Satisfaction Survey,* October 2013

FIGURE 6

Hosted and Cloud-Based EHR Prevalence

Q. *Is the EHR you are currently planning to implement, implementing, or using installed onsite or hosted in the cloud?*
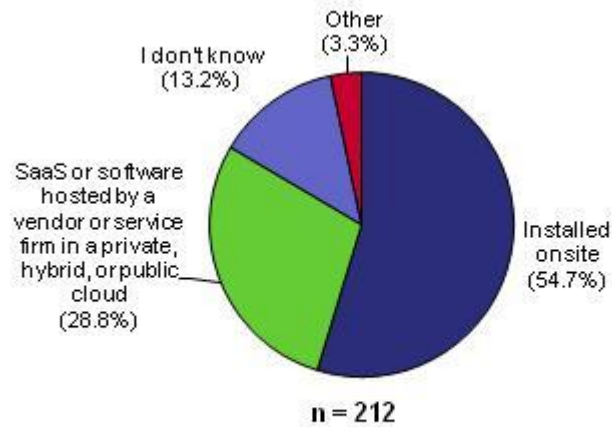

Source: IDC Health Insights' and MedData Group's *EHR Satisfaction Survey,* October 2013

THE APPROACH

EHR Use

Widespread EHR adoption in the ambulatory provider market from 2009 to 2013 was driven largely by regulatory change, and this is reflected in the objectives that the providers in our study held for their EHR projects. First and foremost, the goals for more than half of the providers (56%) that implemented EHR in recent years were regulatory compliance and qualifying for meaningful use incentives (40%). Also among the top 3 stated objectives for most providers implementing EHRs was the objective of improving the quality of care (43%). Other top objectives included improving efficiency and productivity (30%), supporting workflow (23%), and improving care team communication and collaboration (22%) (refer to Figure 8 for these objectives).

The physicians in this study are clearly using EHR for a variety of tasks, but the top 5 include accessing patient information, documenting care, ePrescribing, viewing labs and diagnostic tests results, and entering orders. The tasks physicians are using EHRs for are shown in Figure 7.

Current and Planned Top 5 Tasks to Use Electronic Health Record

Q.   What are the top 5 tasks you use or plan to use your EHR for? (Check all that apply.)
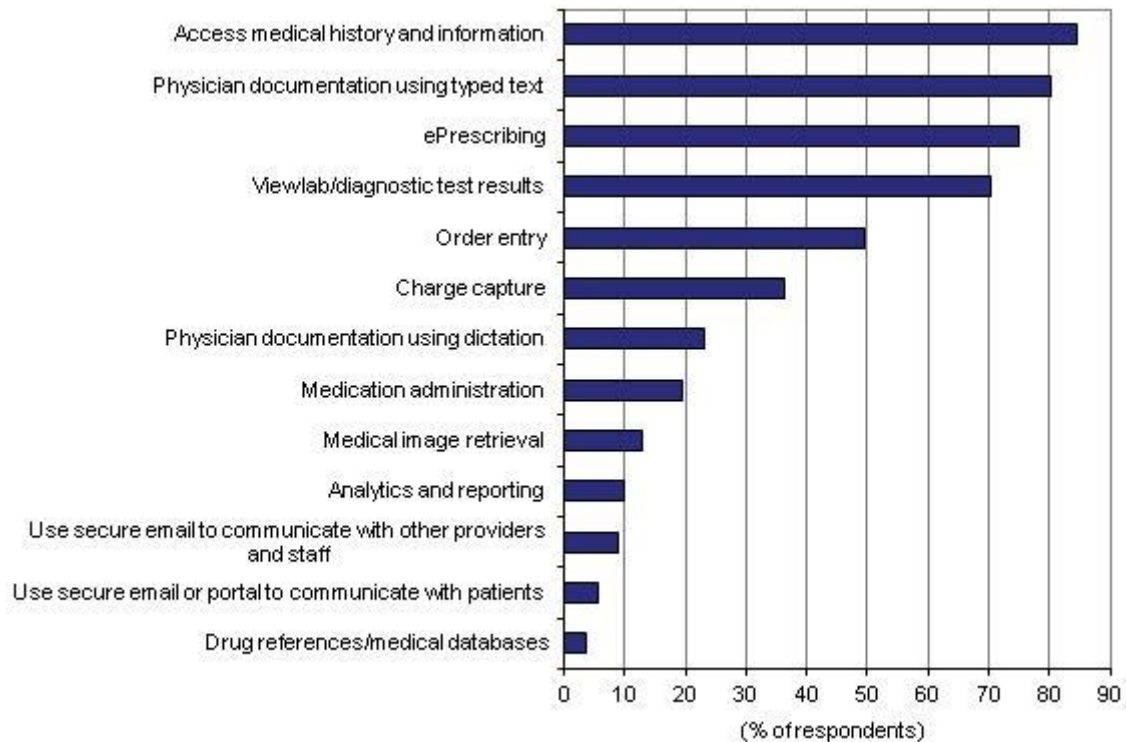
n = 212

Source: IDC Health Insights' and MedData Group's *EHR Satisfaction Survey,* October 2013

Physician Satisfaction with EHR

Overall physician satisfaction with EHR is relatively low; 58% of the providers in our sample report they are neutral or dissatisfied with their EHR, while only 42% report they are satisfied or very satisfied. If we examine the objectives that physicians had for EHR implementations, we can see that regulatory compliance and receiving incentives are at the top of the list, but it is also clear that many physicians also sought benefits to care quality and ROI from the efficiency within their practices from EHR as well. Physician satisfaction with EHR is a multifaceted issue, but if we consider the stated objectives (see Figure 8), we can understand that the physicians who are satisfied mainly held regulatory compliance and incentive payments as their primary objectives, while those who are dissatisfied were disappointed by the lack of broader benefits from their EHR. Satisfaction with installed EHRs is almost identical to that of cloud-based EHRs (see Figure 9).

Top 3 Objectives for Using EHR

Q. What are your top 3 objectives for using EHR?
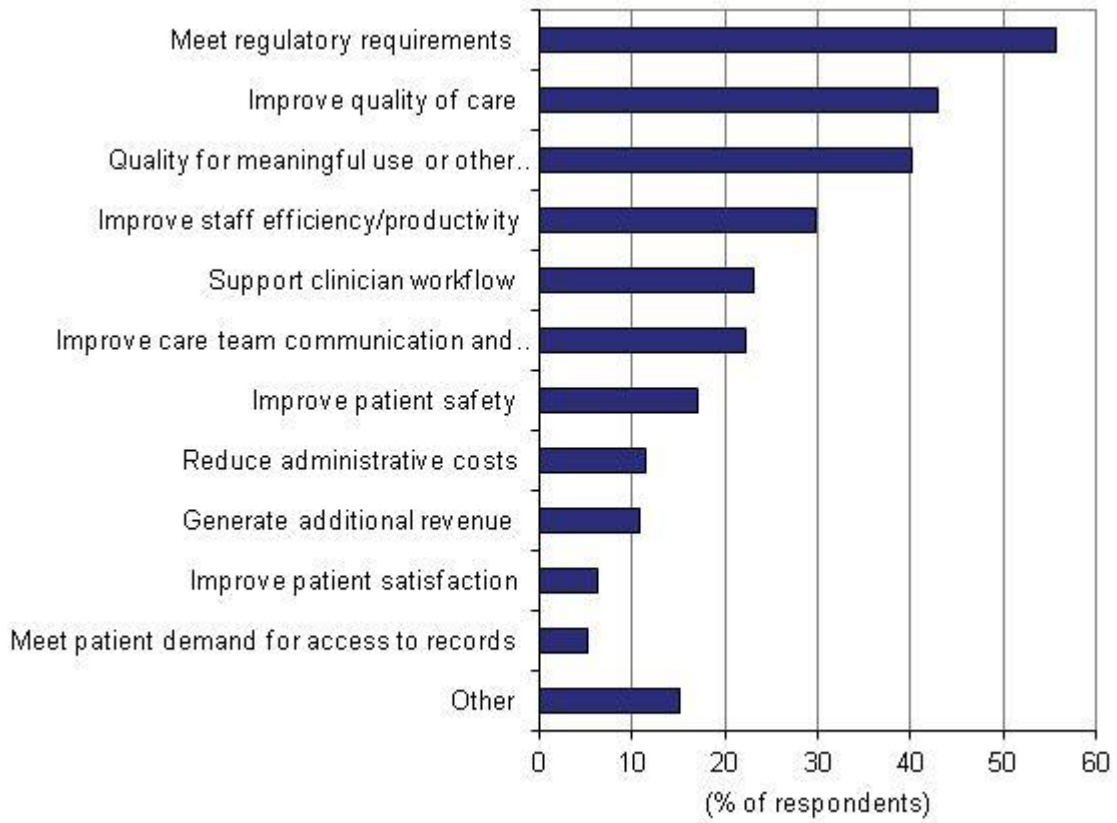
n = 212

Source: IDC Health Insights' and MedData Group's *EHR Satisfaction Survey,* October 2013

Satisfaction with EHR: Overall Versus Cloud
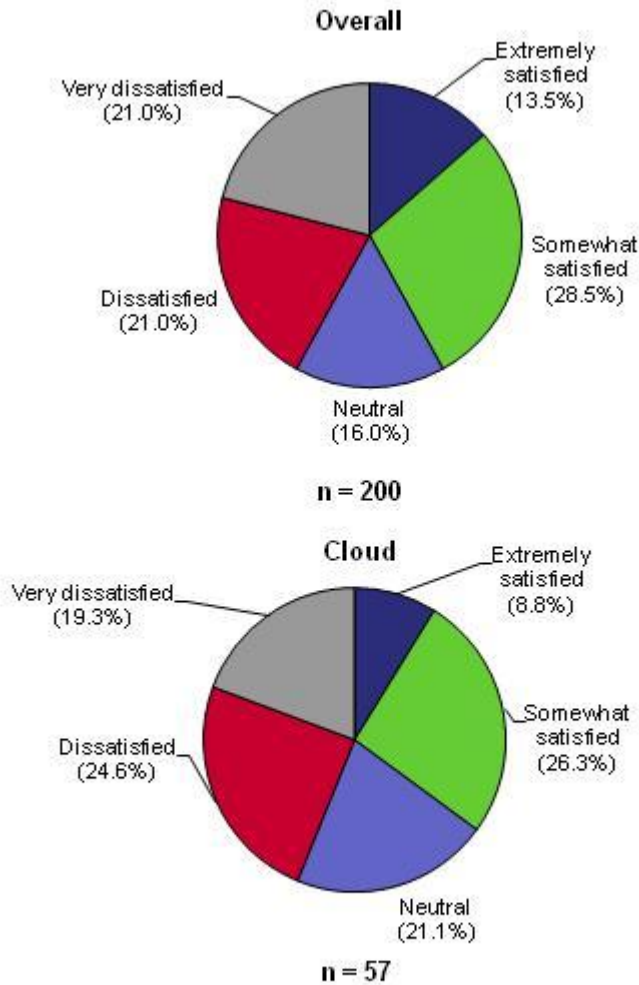
Q. How satisfied are you with your EHR?
Q. How satisfied are you with your cloud-based EHR?

Overall

Very dissatisfied (21.0%)
Extremely satisfied (13.5%)
Somewhat satisfied (28.5%)
Dissatisfied (21.0%)
Neutral (16.0%)

n = 200

Cloud

Very dissatisfied (19.3%)
Extremely satisfied (8.8%)
Somewhat satisfied (26.3%)
Dissatisfied (24.6%)
Neutral (21.1%)

n = 57

Source: IDC Health Insights' and MedData Group's *EHR Satisfaction Survey,* October 2013

Why are some physicians satisfied with EHR and others disappointed? We asked the physicians (42%) who indicated they were satisfied with their EHRs as to why they were satisfied, and the top reason that was indicated by most of these providers was a reduction in the number of lost or missing charts (82%), a clear obstacle to care and something EHR addresses almost immediately upon implementation. Other reasons for satisfaction held by the majority of satisfied providers were the ability to access medical records and work remotely (75%), which

is quite convenient for providers and enhances productivity, and, as expected, incentive payments (56%). The providers who were satisfied with their EHR also tended to achieve revenue enhancement from improved documentation and charge capture (49%), something that was widespread among both satisfied and dissatisfied providers as dissatisfied providers rarely reported reduced revenue as a reason for disappointment. The reasons for satisfaction are shown in Figure 10.

FIGURE 10

Reasons for Satisfaction with EHR

Q. What makes you satisfied with your EHR? (Check all that apply.)
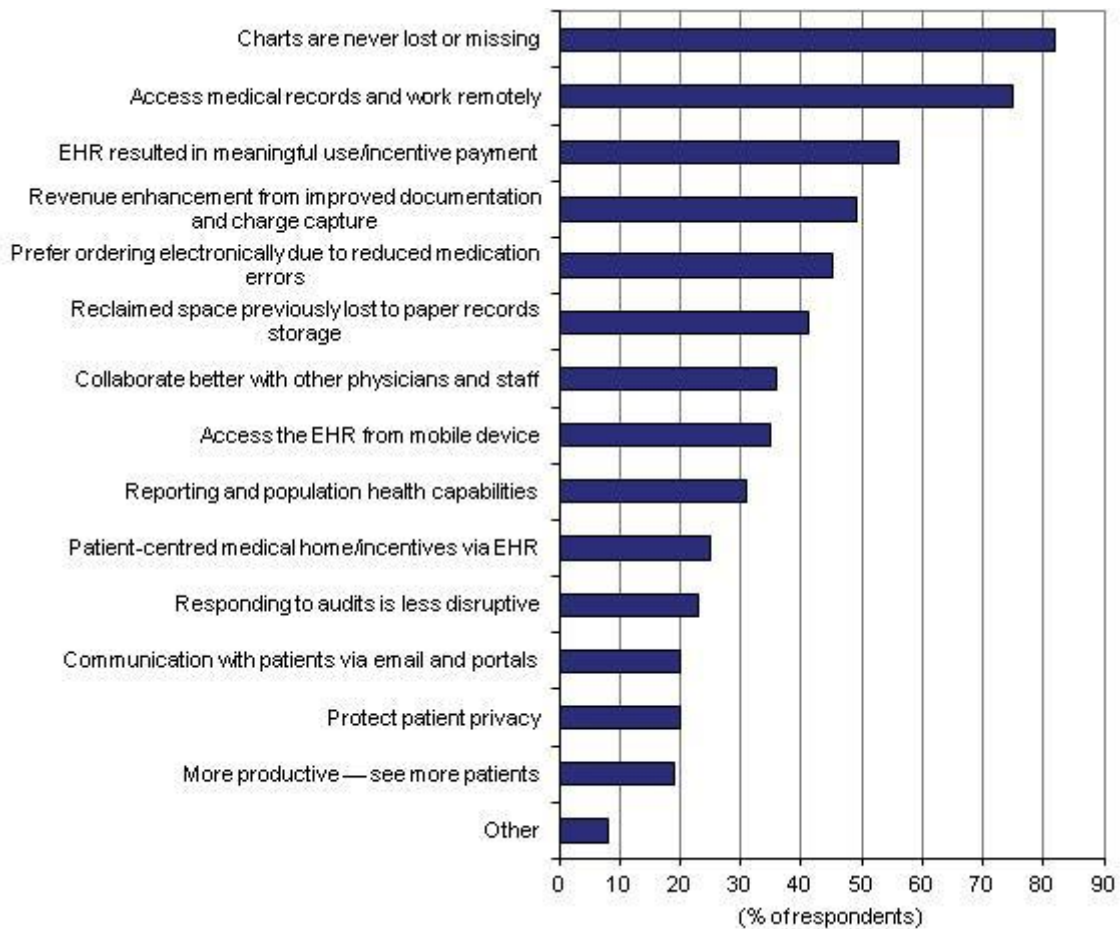
n = 84

Base = respondents are satisfied EHR users only

Source: IDC's Health Insights' and MedData Group's *EHR Satisfaction Survey,* October 2013

The reasons for dissatisfaction with EHR are quite clear and shown in Figure 11. By far, the most widely reported reasons for EHR

dissatisfaction involved lost productivity — spending more time on documentation (85%) and seeing fewer patients (66%). All of the top 6 reasons' providers reported they were dissatisfied with their EHR-involved productivity both directly and indirectly, including the difficulty of using the EHR (55%), time to write orders electronically (55%), inefficiency when compared with paper (50%), and workflow issues (49%). Issues with software vendors were also among the top reasons for dissatisfaction; in addition to most providers reporting their EHR is difficult to use (55%) or that they didn't like the user interface (39%), poor quality software (48%) and service issues around vendor responsiveness and customer service (39%) were among the most common reasons for dissatisfaction.

Reasons for Dissatisfaction with EHR

Q.   What makes you dissatisfied with your EHR? (Check all that apply.)
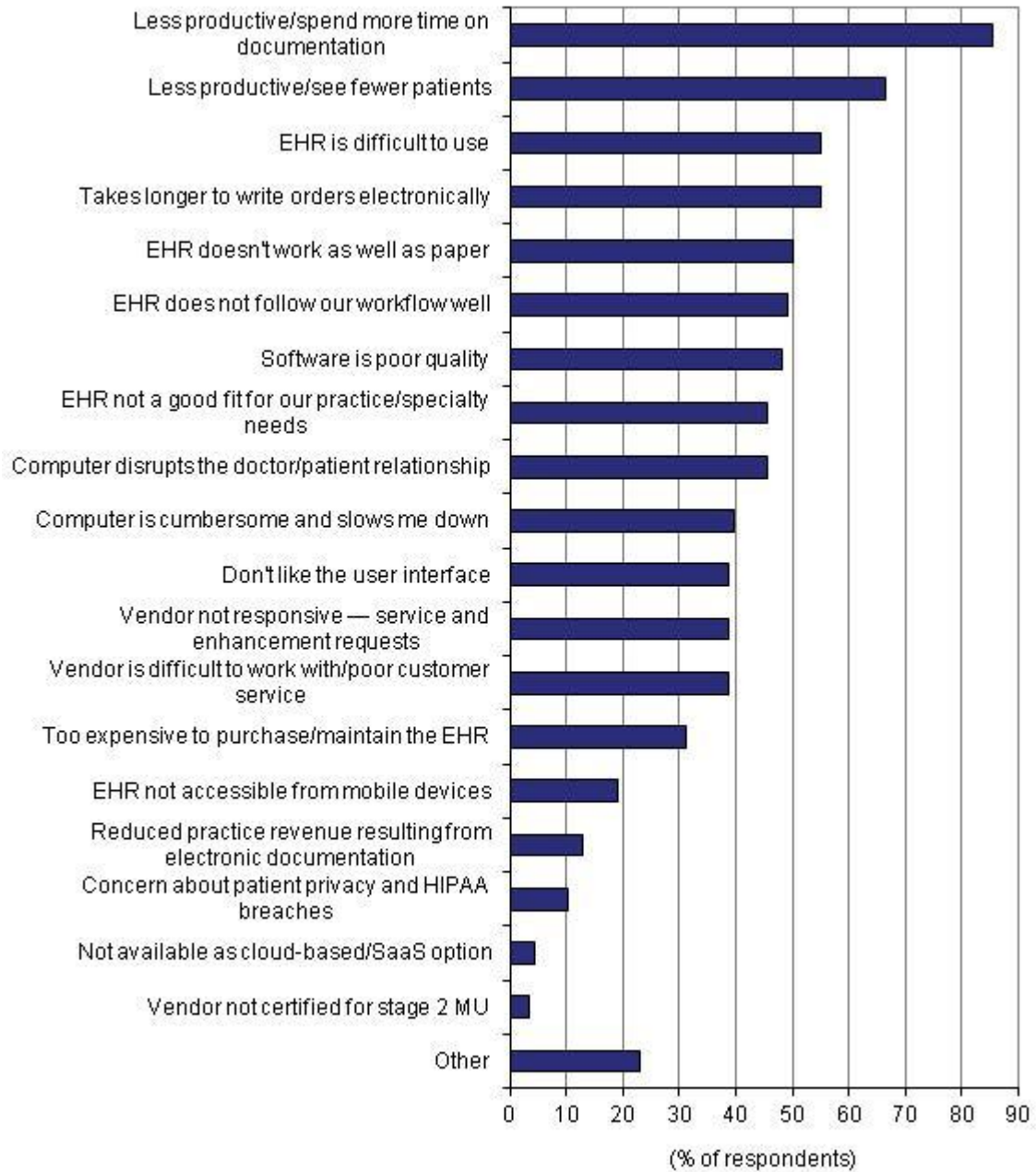
n = 116

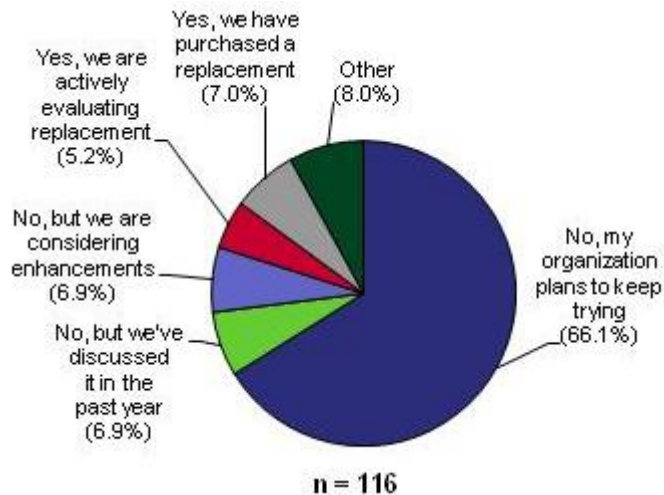Base = dissatisfied and neutral EHR users only

Source: IDC Health Insights' and MedData Group's *EHR Satisfaction Survey,* October 2013

EHR Replacement Plans

Despite their high level of dissatisfaction with the products, most providers report they do not have immediate plans to report their EHR. Among the providers who were dissatisfied or neutral about their EHR, about 19% have purchased a replacement or are considering replacing their EHR. The majority (66%) are still trying to make the existing EHR work despite their dissatisfaction, while an additional 7% have discussed but not gone ahead with replacements. However, it is important to note that the full sample reported that 22% of providers were already using a replacement EHR and that needs to be considered in examining the results of this survey question asked of dissatisfied EHR buyers. Replacement plans of dissatisfied EHR buyers are shown in Figure 12.

FIGURE 12

Replacement Intentions of Dissatisfied and Neutral EHR Users

n = 116

Base = dissatisfied and neutral EHR users only

Source: IDC Health Insights' and MedData Group's *EHR Satisfaction Survey,* October 2013

The reasons why providers reported they are dissatisfied with their EHRs are closely tied to the functionality they will seek in replacement EHRs. For most providers replacing EHRs, usability, productivity, and workflow needs were top of mind (63%). The vendor's service reputation (42%) and track record on responsiveness (38%) will also be considered when selecting a replacement EHR. With government incentives likely to be smaller in later stages of meaningful use, price is more of a concern for replacement EHRs, and 33% will look for a lower priced replacement. These data are described in Figure 13.

FIGURE 13

Replacement Requirements for Those Considering or Replacing EHR

Q. What will/would you look for in a replacement EHR or additional functionality? (Check all that apply.)
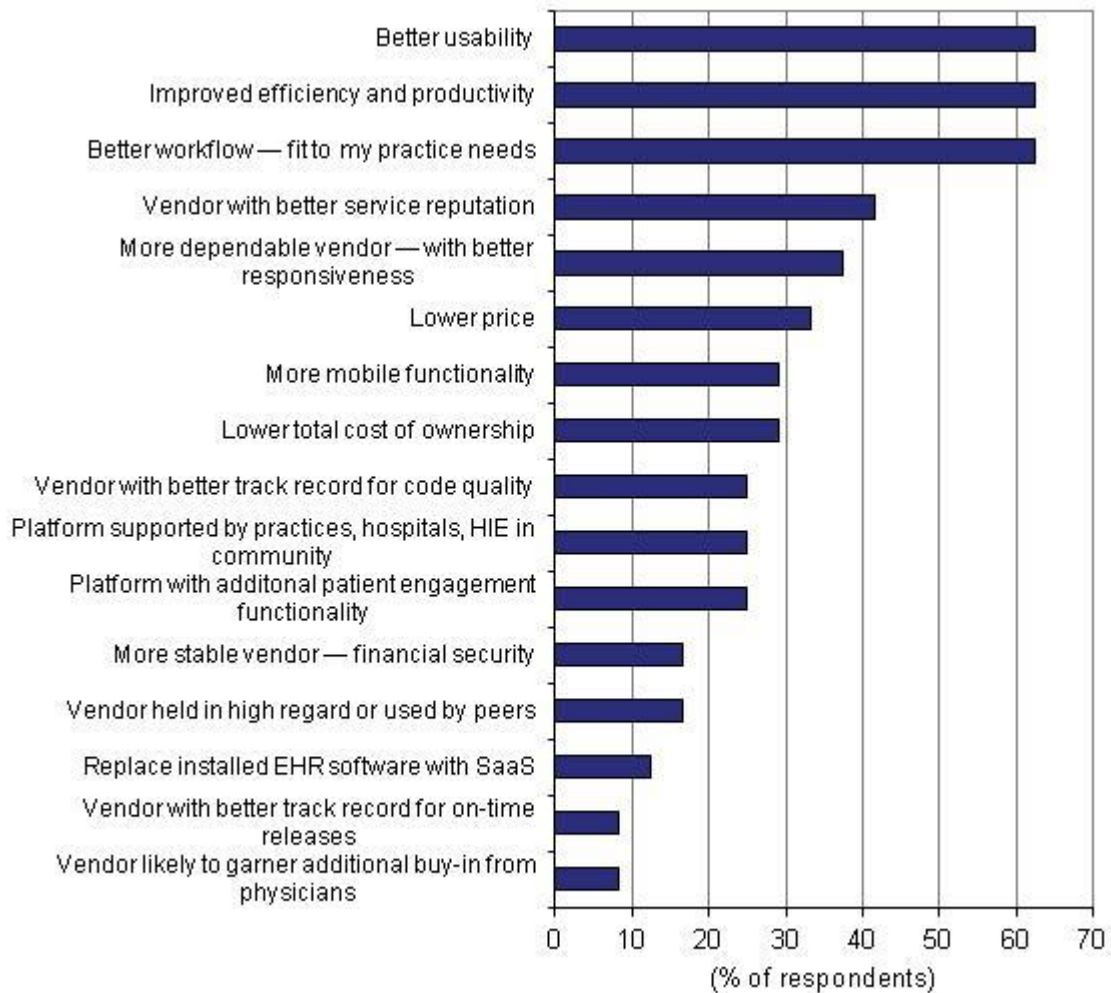
n = 24

Source: IDC Health Insights' and MedData Group's *EHR Satisfaction Survey,* October 2013

Most providers selecting off-the-shelf replacement EHRs will consider the question: Which vendor is best? Among our sample, the top 5 EHRs reported to be in use were Epic, Allscripts-Eclipsys, Cerner, NextGen Healthcare, and eClinicalWorks (see Figure 14). Among these top 5 suppliers, reported satisfaction varied widely, from a high of 67% for eClinicalWorks to a low of 21% for Cerner. This data is shown in Figure 15.

FIGURE 14

Current EHR Suppliers of Providers in Sample
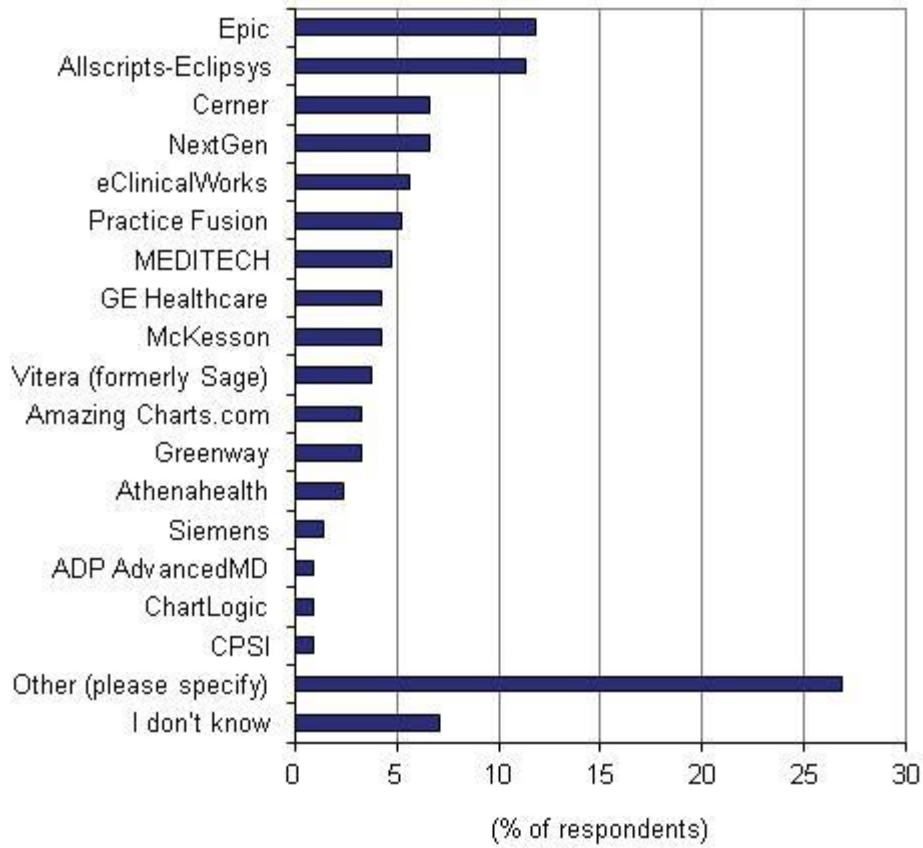
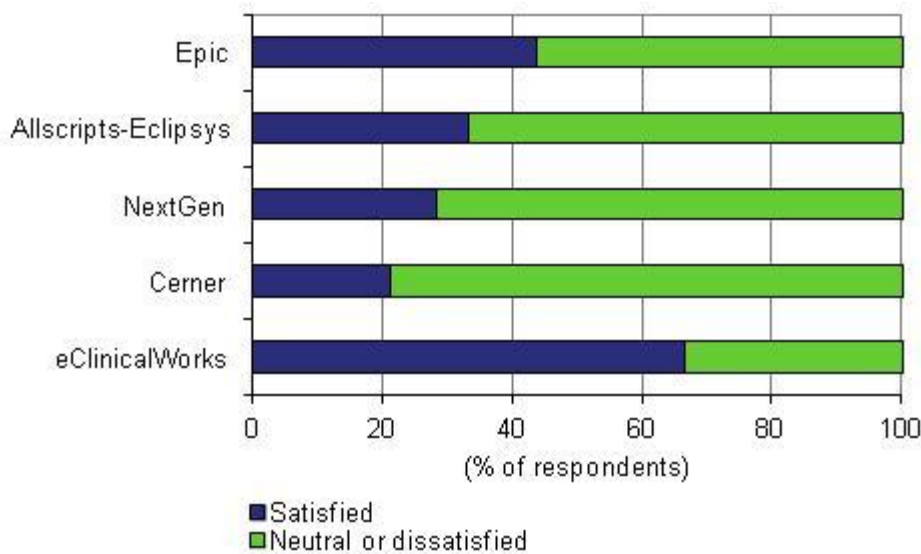n = 212

Source: IDC Health Insights' and MedData Group's *EHR Satisfaction Survey,* October 2013

Satisfaction Among EHR Suppliers Most Represented in Sample

n = 136

Base = users for these top 10 most represented EHRs

Source: IDC Health Insights' and MedData Group's *EHR Satisfaction Survey*, October 2013

FUTURE OUTLOOK

U.S. practices adopted EHR at a rapid rate in the period from 2009 to 2013, and as 2013 ends, the market is approaching saturation. The fast pace of adoption has led to many issues for providers surrounding EHR, with the most critical being productivity. Most providers using EHR are less productive than they were using paper in 2009, and the inability to restore productivity with EHR has clearly affected the business outlook for many providers. EHR is here to stay, and it is important for both providers and vendors to address productivity issues in order to succeed in the coming years with current and replacement EHRs. Issues affecting EHR productivity include poor usability, inappropriate form factors and user interfaces, access to mobile technology, workflow tools and configurations, inadequate training on the technology, inadequate staffing and support, inefficient processes, and application uptime and availability.

Providers must seek to optimize EHR and make sure that EHR use is a priority for their businesses, even after meaningful use incentive programs are completed. If EHR products do not meet requirements and optimization efforts are unsuccessful, replacement products should be considered by practices. Success and productivity with EHR will become even more important as EHR installations become the

building blocks for care management, patient engagement, and patient-centered medical home operations under accountable care.

ESSENTIAL GUIDANCE

Actions to Consider for Providers

Providers using EHRs and experiencing dissatisfaction should:

- **Optimize workflow on existing EHR products.** Take a clear look at their operations and the amount of time spent on specific tasks in the EHR to identify the specific areas that are affecting productivity most. Once these areas are identified, providers should look at options both within their processes, staff, the physical environment, and their hardware and software to address or improve their efficiency in the target areas. Application performance, uptime, and availability should be addressed if they are issues. Revamping order sets and changing alert settings may also assist in workflow and recovering lost productivity. Consider engaging with independent and vendor-supplied EHR optimization services if areas with lost productivity are difficult to identify or address.

- **Obtain or refresh training.** Providers and staff need to know the functionality in their EHR and how to navigate it in order to get their jobs done as productively as possible. Consider additional or refresher training on EHR functionality to ensure opportunities for productivity or benefits from EHR are not being missed. Participate in user groups and exchange ideas with peers for optimizing and extending the functionality of EHR.

- **Consider mobile and other productivity options.** Providers who are struggling with productivity should look to technologies like mobile, speech recognition, and natural language processing. The EHR in use may have mobile apps and tools available that can be used by providers on mobile tablets and smartphones, and these capabilities can be used to make providers and staff more productive. Mobile user interfaces may be more appealing to providers or provide options that are considered more usable. Providers who are entering data manually may be able to leverage speech recognition and natural language processing to enhance productivity and record data for documentation and billing.

- **Assess the potential course of action for replacement EHR.** If all else fails, or the vendor involved is unresponsive and providers are unable to access the services and expertise required to optimize their EHR, providers should consider replacing the EHR. The large number of EHR suppliers in the market and the consolidating market mean that many providers will be forced to replace EHRs

as vendors' financial situations become unstable and as vendors fail, get acquired, sunset products, do not meet release dates, or provide products that are regulatory compliant. Replacement considerations should include not only the selection of the replacement vendor but also strategies for data migration and business continuity during the replacement process. While many providers can expect to be compelled to replace EHRs in coming years, but replacement by choice will also be necessary for providers to restore pre-EHR productivity and migrate to applications that better meet the needs of their practices.

Actions to Consider for EHR Suppliers

With 58% of EHR users very dissatisfied or dissatisfied or neutral regarding their products, it is clear that EHR vendors have failed to meet expectations of customers, whether it is with the products themselves or with their service relationships. EHR vendors should carefully consider the information contained in this study with an eye toward targeting functionality improvements and service offerings. Actions to consider include:

- **Improve relationships with customers.** While the market saturation may make the EHR market seem mature, its customers are not. Providers have adopted EHRs rapidly, and many have failed to understand the implications of the technology for their business or to optimize it as they have done so. EHR suppliers have added customers quickly, and implemented sites with new and untested staff, and in many cases, high turnover may have prevented good relationships with customers. EHR suppliers should seek to become trusted partners for ambulatory providers, assisting them in not only implementing software but also in continuing to use applications and rebuilding productivity. Attention to user interface details, availability of mobile tools, and enhanced analytics and functionality to support healthcare reform are also valuable additions that will enhance customer loyalty and satisfaction.

- **Get the basics right.** Providers want functional, usable software that meets both business needs and regulatory requirements and is delivered on time without quality issues. Bells and whistles don't matter if vendors are failing on the basics. Concentrate on core applications and functionality before moving on to additional modules. Offer add-on services that are effective at identifying and addressing productivity problems and easy for providers to access.

- **Establish user groups.** While user groups should be led by users, they can be facilitated by suppliers. Organized user groups provide an opportunity for suppliers to meet customers, build relationships,

and create peer-to-peer interactions that allow customers to grow their relationship and share ideas on efficiencies with the product.

● **Improve visibility.** As the EHR market matures, acquisition activity and consolidation will make end users uncertain about their EHR choices. Suppliers should offer providers visibility into product road maps and service plans, as well as prompt information and resources if changes in staff, services, and ownership occur.

LEARN MORE

Related Research

● *Perspective: What's Next After September 2013? A Busy Month for Vitera Healthcare* (IDC Health Insights #HI243607, October 2013)

● *Pivot Table: IDC Health Insights' U.S. Healthcare Solutions Market Share and Forecast Guides, 2013, Version 2* (IDC Health Insights #HI243613, October 2013)

● *Technology Selection: The Cloud in Healthcare Provider* (IDC Health Insights #HI243491, September 2013)

● *Technology Selection: Optimizing the Creation and Maintenance of Order Sets for Ongoing CPOE Success* (IDC Health Insights #HI242872, August 2013)

● *Vendor Assessment: U.S. Healthcare Providers' Guide to IT Consultants and Systems Integrators* (IDC Health Insights #HI241857, July 2013)

● *A Path to the Cloud for Epic Hospitals: VMware Horizon View Announces Target Platform Status for Epic* (IDC Health Insights #lcUS24116013, May 2013)

● *Worldwide Healthcare IT Spending Guide, 2011–2016* (IDC Health Insights #HI239392, February 2013)

Synopsis

This IDC Health Insights report covers the findings of the study on EHR satisfaction, the issues that continue to affect EHR adopters, and the sentiment regarding opportunities for replacement and optimization among users. The U.S. EHR market is approaching saturation, yet office-based providers continue to struggle with productivity, workflow, and usability of the newly installed EHRs. In the IDC Health Insights' and MedData Group's *EHR Satisfaction Survey* fielded in September 2013, IDC found that 58% of ambulatory

users are very dissatisfied or dissatisfied or neutral about EHR technology, and the factors that result in these findings are alarming.

According to IDC Research Director Judy Hanover, "Despite achieving meaningful use, most office-based providers find themselves at lower productivity levels than before the implementation of EHR. Workflow, usability, productivity, and supplier quality issues continue to drive dissatisfaction and need to be addressed by suppliers and practices."

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