

2015

Factors Involved in the Successful Transition to and Subsequent use of Electronic Health Records (EHRs) Systems by Individual and Group-Practice Physicians

Naveen Chandra Kotha

Virginia Commonwealth University, nckotha@vcu.edu

Follow this and additional works at: <http://scholarscompass.vcu.edu/uresponse>

 Part of the [Health Information Technology Commons](#)

© The Author(s)

Downloaded from

Kotha, Naveen Chandra, "Factors Involved in the Successful Transition to and Subsequent use of Electronic Health Records (EHRs) Systems by Individual and Group-Practice Physicians" (2015). *Undergraduate Research Posters*. Poster 165.
<http://scholarscompass.vcu.edu/uresponse/165>

This Book is brought to you for free and open access by the Undergraduate Research Opportunities Program at VCU Scholars Compass. It has been accepted for inclusion in Undergraduate Research Posters by an authorized administrator of VCU Scholars Compass. For more information, please contact libcompass@vcu.edu.



Factors Involved in the Successful Transition to and Subsequent use of Electronic Health Records (EHRs) Systems by Individual and Group-Practice Physicians

Naveen Chandra Kotha and Dr. Faye O. Prichard

Abstract

The use of Electronic Health Records (EHRs) by healthcare professionals has been recommended as a way of improving healthcare quality, patient safety, and workflow efficiency, and lowering costs in the long run. While large hospital systems integrate EHRs into their services, individual and group practice-owning physicians, especially those of specialties and subspecialties, are often left wondering whether they should follow the trend and whether the transition from traditional, paper-chart systems or older EHRs to newer, commercial ones will truly benefit their patients and their practice as a whole. These physicians also often wonder whether benefits such as electronic-prescribing, clinical decision support, and patient results tracking outweigh obstacles such as initial costs, reliability, and user adaptability. This investigation sought to provide a more informed perspective in considering the decision to either transition to an Electronic Health Records system or maintain a traditional paper-chart style system. A number of studies examining care quality improvement and physician satisfaction in regards to transitions to EHRs under various conditions, such as specialty type, previous EHR-experience, and difficulty of transition, among others, were investigated to form this perspective. The improvement of care quality and physician satisfaction as a result of adopting EHRs relies heavily on both the efficiency and completeness of the transition and the EHR's degree of customization towards a practice's specific needs. Since EHRs are continuously being developed and improved, the transition to an EHR system and its subsequent use can be successful with proper preparation for the transition, extended clinician training, and choosing one that is well-tailored to the needs of the specialty and its patients' medical conditions.

Introduction

An Electronic Health Record (EHR) is a collection of electronic tools that helps healthcare providers keep track of and maintain their patients' medical history, demographics, progress notes, diagnoses, medications, vital signs, immunizations, and laboratory data. The use of EHRs by healthcare professionals has been recommended as a way of improving healthcare quality, patient safety, and workflow efficiency, and lowering costs in the long run. The federal government has even allocated \$17 billion as incentives for physicians who adopt EHRs and show meaningful use. The three main components of achieving meaningful use include the EHR being used in a practical way, such as by creating prescriptions, the EHR being used to exchange electronic health information in ways that improve the quality of healthcare, and the EHR being used to record clinical tasks and care quality. While large hospital systems integrate EHRs into their services, individual and group practice-owning physicians, especially those of specialties and subspecialties, are often left wondering whether they should follow the trend and whether the transition from traditional, paper-chart systems or older EHRs to newer, commercial ones will truly benefit their patients and their practice as a whole. This investigation sought to provide a more informed perspective in considering the decision to either transition to an Electronic Health Records system or maintain a traditional paper-chart style system. Although physicians often wonder whether the benefits of EHRs are worth overcoming their obstacles, such as initial costs, reliability, and user adaptability, the transition to an EHR system and its subsequent use can be successful with proper preparation for the transition, extended clinician training, and choosing one that is well-tailored to the needs of the specialty and its patients' medical conditions.

Results/Discussion

A number of studies examining care quality improvement and physician satisfaction in regards to transitions to EHRs under various conditions, such as specialty type, previous EHR-experience, and difficulty of transition, among others, were investigated to gain a more informed perspective.

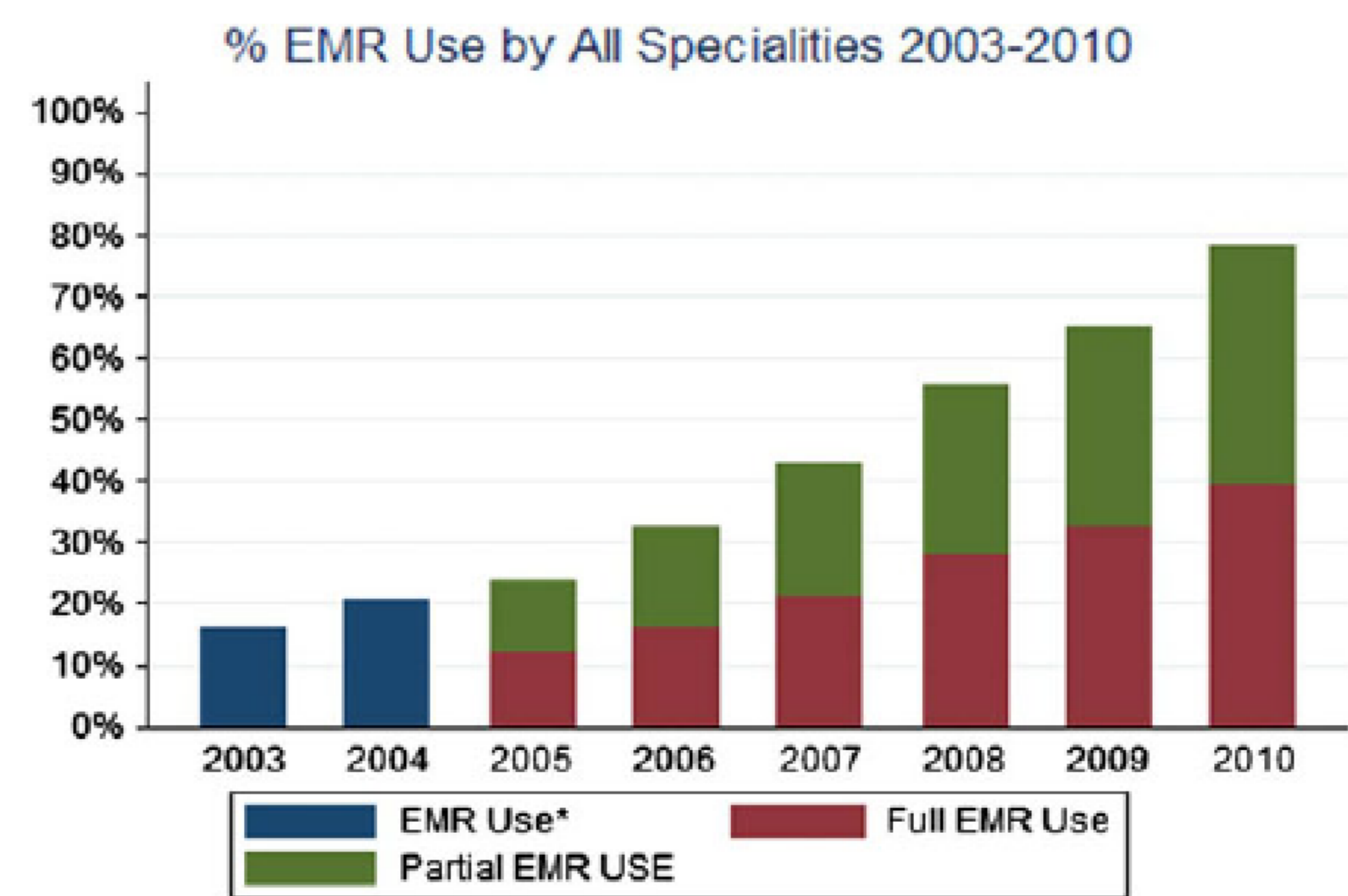


Figure 1 Proportion of ambulatory office visits from 2003 to 2010 among all specialties with use of electronic medical records (EMRs). Note that National Ambulatory Medical Care Survey data from 2003 to 2004 did not delineate full from partial EMR use. (Kokkonen, et al., 2013)

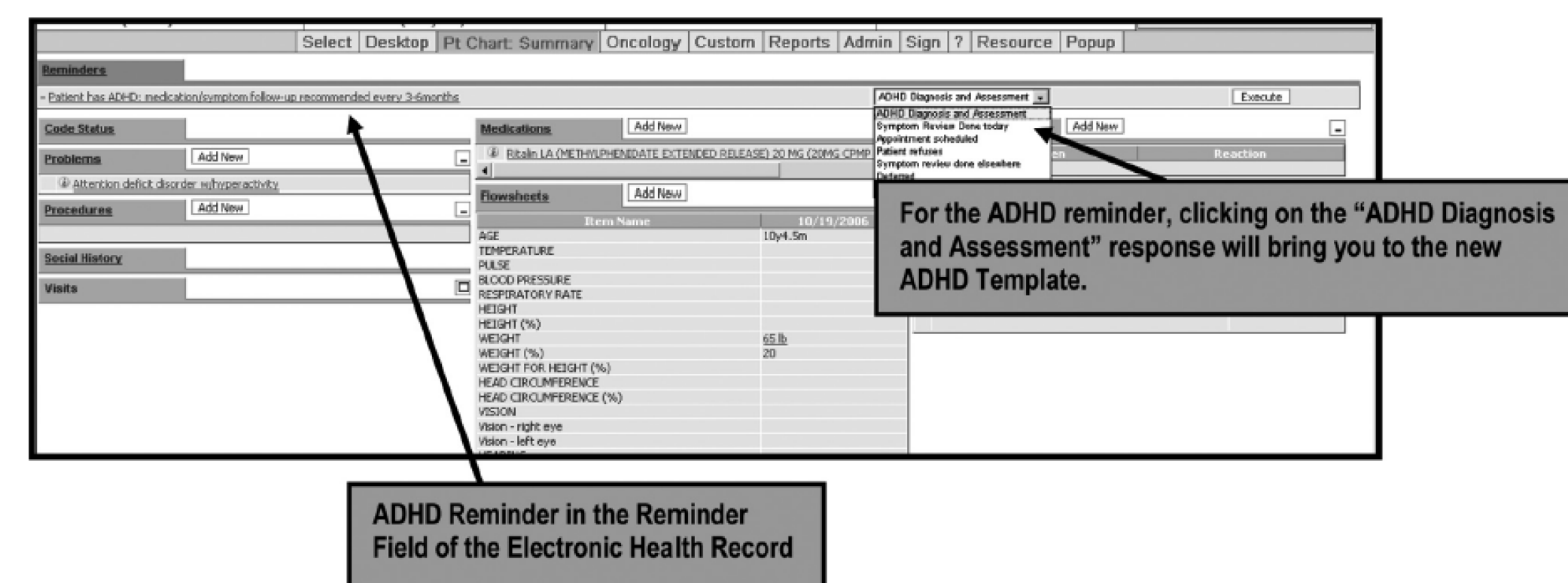


FIGURE 1 EHR summary page for a patient with ADHD, including display of ADHD reminder for patients who have ADHD and had not had a visit in the previous 6 months. (Co, et al., 2010)

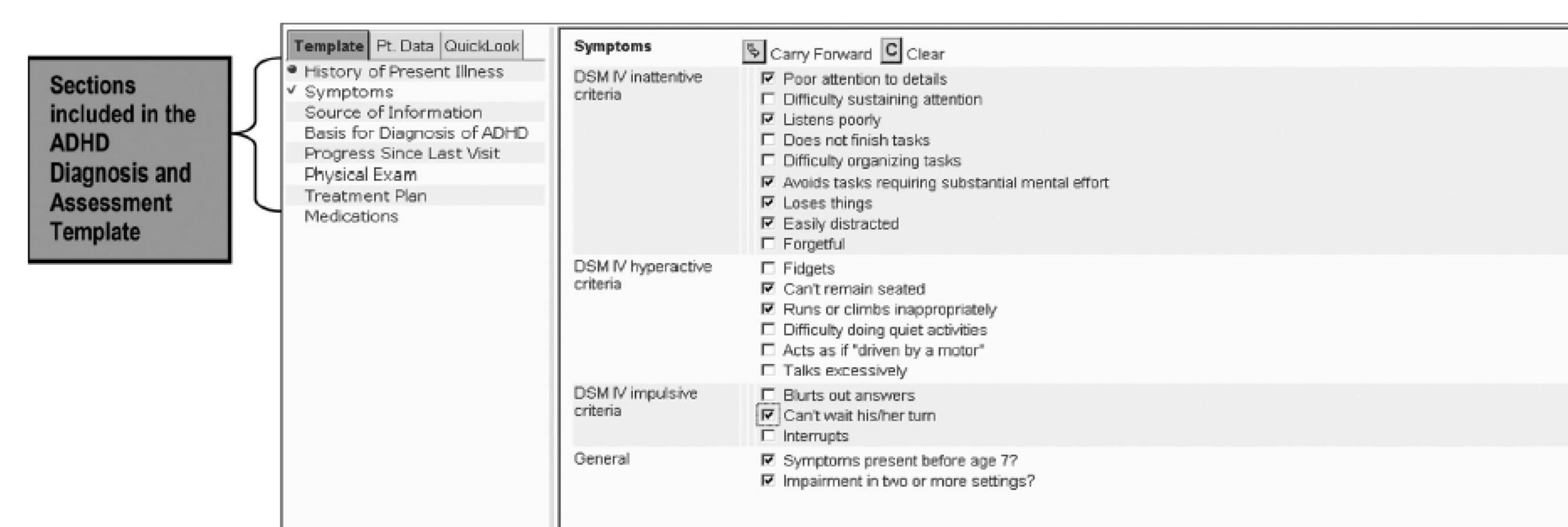
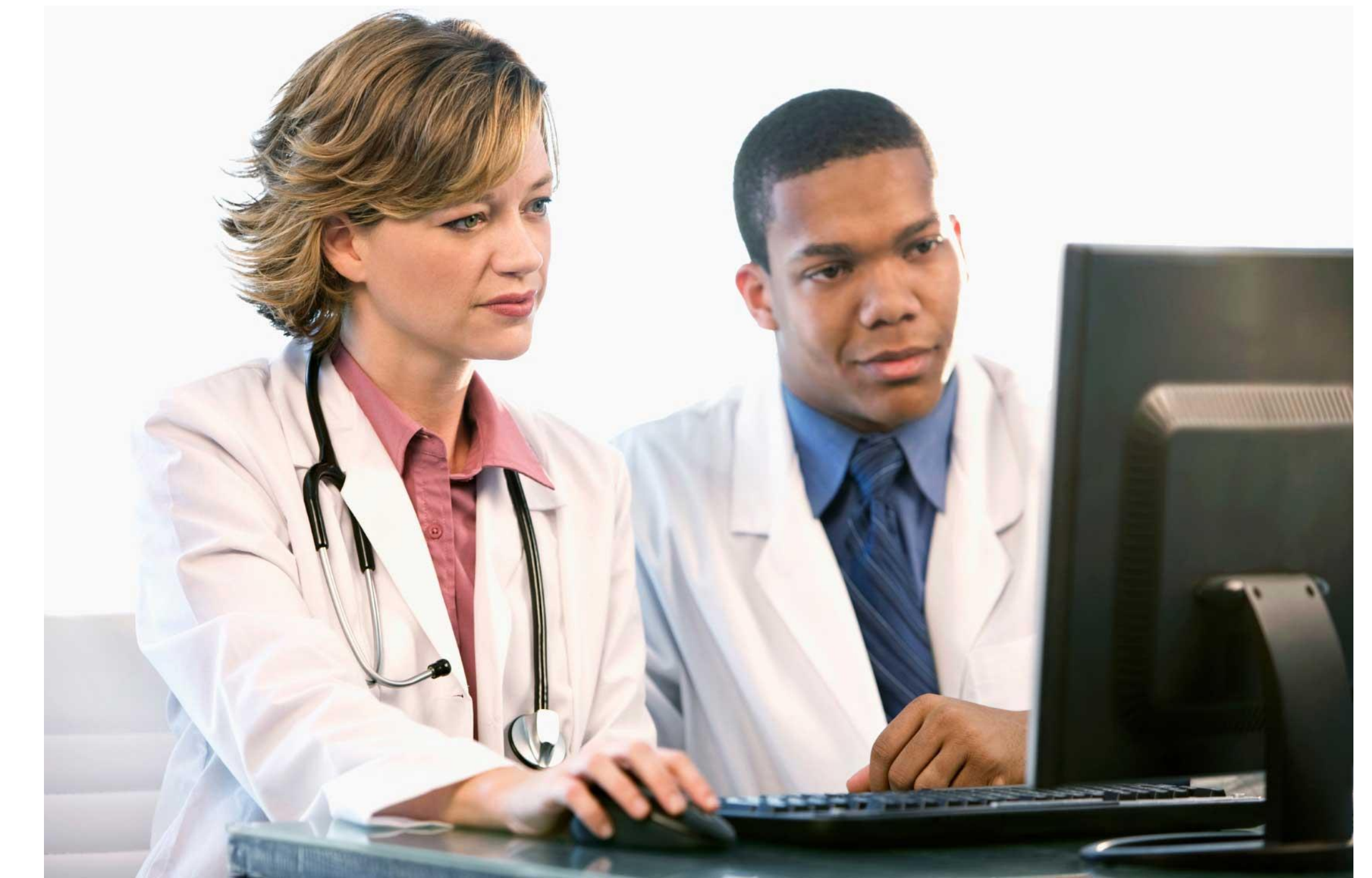


FIGURE 2 Sections included in the ADHD diagnosis and assessment template, including detailed description of symptoms to be assessed. (Co, et al., 2010)

Conclusion

Although physicians often wonder whether the benefits of EHRs are worth overcoming their obstacles, such as initial costs, reliability, and user adaptability, the transition to an EHR system and its subsequent use can be successful with proper preparation for the transition, extended clinician training, and choosing one that is well-tailored to the needs of the specialty and its patients' medical conditions.



(http://www.slt.brookdalecc.edu/Images/08CDP%20Images/Electronic-Health-Records.jpg)

Works Cited

Abramson EL, Patel V, Malhotra S, et al. Physician experiences transitioning between an older versus newer electronic health record for electronic prescribing. *Int J Med Inform.* 2012;81(8):539-48.
 Cebul RD, Love TE, Jain AK, Hebert CJ. Electronic health records and quality of diabetes care. *N Engl J Med.* 2011;365(9):825-33.
 Co JR, Johnson SA, Poon EG, et al. Electronic health record decision support and quality of care for children with ADHD. *Pediatrics.* 2010;126(2):239-46.
 Howard J, Clark EC, Friedman A, et al. Electronic health record impact on work burden in small, unaffiliated, community-based primary care practices. *J Gen Intern Med.* 2013;28(1):107-13.
 Kokkonen EW, Davis SA, Lin HC, Dabade TS, Feldman SR, Fleischer AB. Use of electronic medical records differs by specialty and office settings. *J Am Med Inform Assoc.* 2013;20(e1):e33-8.
 Pandit RR, Boland MV. The impact of an electronic health record transition on a glaucoma subspecialty practice. *Ophthalmology.* 2013;120(4):753-60.
 Persell SD, Kaiser D, Dolan NC, et al. Changes in performance after implementation of a multifaceted electronic-health-record-based quality improvement system. *Med Care.* 2011;49(2):117-25.
 Pfoh ER, Abramson E, Zandieh S, Edwards A, Kaushal R. Satisfaction after the transition between electronic health record systems at six ambulatory practices. *J Eval Clin Pract.* 2012;18(6):1133-9.

Acknowledgements

Thank you to Dr. Prichard for her guidance and direction and Noah Lynn and Julie Rothey for their advice and feedback.