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August 10, 2020

VIA ELECTRONIC SUBMISSION

Genevieve Kenney, PhD
Health Policy Center
Urban Institute
500 L'Enfant Plaza SW
Washington, D.C. 20024

Dear Dr. Kenney,

On behalf of the American College of Osteopathic Family Physicians (ACOFP), we appreciate the opportunity to comment on the draft Electronic Health Record (EHR) Reporting Program documents under development at the Urban Institute.

ACOFP is the professional organization representing more than 18,000 practicing osteopathic family physicians, residents, and students throughout the United States who are deeply committed to advancing our nation's health care system by improving health care delivery and outcomes and ensuring that patients receive high-quality care.

As an organization of primary care physicians, we are acutely aware of the issues related to EHRs and medical documentation. Almost daily, family physicians interact with their EHRs and have a strong understanding of both the benefits and drawbacks of EHRs. While the draft documents are comprehensive, there are areas for improvement. We believe the documents should reflect issues related to patient satisfaction, efficiency, medical liability, and other physician concerns. Overall, we hope our feedback will help the Urban Institute develop a product that will drive innovation and efficiency in EHR technology.

Our full comments are detailed on the following pages. Thank you for the opportunity to share our feedback with you. Should you need any additional information or if you have any questions, please feel free to contact ACOFP at advocacy@acofp.org or (847) 952-5100.

Sincerely,



Robert C. DeLuca, DO, FACOFP *dist.*
ACOFP President

The growth of EHRs have been a double-edged sword for physicians. On one hand it has the potential to drive better patient health outcomes and improve efficiency in the health care system generally. In reality, however, EHRs have added countless hours of administrative work for physicians, leading to burnout and overall dissatisfaction with the profession. This has been particularly noticeable among primary care physicians as the bulk of EHR requirements are placed on them. We fear the excessive administrative workloads could push more medical students toward specialties and further exacerbate the primary care physician shortage across the country.

ACOFP surveyed osteopathic family physicians requesting their feedback on the draft documents. Our member physicians reviewed the [Draft Voluntary User-Reported Criteria](#) document and the [Draft Voluntary User-Reported Criteria Summary Tables](#). In general, feedback was positive in that the documents were thorough and comprehensive. However, the documents do not adequately address physician-specific concerns related to patient satisfaction, efficiency, and other concerns. We summarize comments from our member physicians below.

Patient Satisfaction

EHRs often are used during an office visit or in conjunction with prescribing drugs for the patient. If a patient is waiting in the doctor's office while the physician has to operate a faulty EHR, the patient may blame the physician for any delays or disruptions in care. Both documents do not address this issue. Family physicians therefore support the addition of a question related to patient satisfaction as perceived by the physician. This would be helpful information for other EHR end-users to know if the product created any issues for the patient. We recommend including language in both documents that would capture this type of information.

Additionally, since entering data in an EHR often can take the physician's attention away from the patient during a visit, many physicians have hired scribes to capture in the EHR the interaction between the doctor and patient during an office visit. This is an expensive solution to a problem that instead could be addressed by making it more efficient to enter data into an EHR. The documents therefore should include a question that gauges whether a physician can efficiently input data into an EHR from a patient visit.

Efficiency

EHRs require considerable manipulation to achieve the desired results even for simple procedures or services. As an example, for a routine flu shot, some EHRs require physicians to click through page after page of documentation. EHRs should be streamlined in a way that allows physicians to quickly obtain a flu shot or perform a routine item. We recommend including questions that gauge an end-user's ability to quickly order items like flu shots through the EHR system. Additionally, EHRs should prompt basic information on providers, including which health care provider ordered an item or service and why that item or service was ordered. The documents therefore should include a question reflecting an EHR's ability to provide such basic information efficiently to other providers.

Furthermore, EHRs malfunction and occasionally require the physician or staff to troubleshoot the program or device. EHRs should be able to quickly troubleshoot and guide the provider back to the correct medical documentation. Since many personal computers or tablets are able to perform this function, so should EHRs. We recommend including questions related to the ability for the program or device to quickly resolve technical issues while also maintaining data the provider was reviewing or inputting when the issue occurred.

Other Concerns

Our surveyed members also mentioned a variety of general concerns related to EHR review. For example, there were no questions in the survey related to medical liability. Some physicians worry they will be exposed to litigation if an EHR malfunctions or provides inaccurate information. To the extent possible, the documents should include questions that gauge whether the EHR system had any safeguards to limit medical liability.

Additionally, EHRs could benefit from the ability to link to educational materials for the patient that supplement the provider's medical advice. This information should also be available pictorially for illiterate patients as well as in multiple languages for non-English speaking individuals. We recommend including questions that gauge the ability of EHRs to provide these types of resources for physicians and patients.

Also, as reflected in the documents, interoperability among EHRs is critical in gauging a successful system. The questions should adequately reflect the ability to exchange information across platforms, in the same health system, and between specialists and primary care physicians or any care provider. We also encourage questions that capture the ease of merging EHRs and the fees associated with accessing records from prior EHR systems or from a physician no longer practicing. All these pieces of interoperability are usually overlooked, but critical for a successful EHR system.

Specifically, some physicians noted that question 20 in the [Draft Voluntary User-Reported Criteria](#) document did not include "inpatient" setting as an option. We recommend including that option. Additionally, questions 15 through 17 and 23 are not typically known to end-users in large health systems. Those questions may not be best suited for providers in large health systems.

Finally, the survey is thorough and comprehensive, but is time consuming for physicians. We recommend a survey for health care administrators and another shorter survey tailored to physicians.

Conclusion

The work of the Urban Institute is important to ensure that EHR end-users can provide candid feedback that will influence purchasing habits. We are hopeful this feedback will incentivize EHR developers to create user friendly, efficient, and clinically helpful products that can leverage critical health patient data while not impeding care delivery through inefficient program designs. Thank you for your consideration of our comments.