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Ophthalmologists increasingly dissatisfied with electronic health records

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Ophthalmologists' use of electronic health records (EHR) systems for storing and accessing patients' medical histories more than doubled between 2006 and 2016, while their perceptions of financial and clinical productivity following EHR implementation declined, a study published today in *JAMA Ophthalmology* shows.

"Our findings highlight the fact that companies that design EHR systems should further address the efficiency and usability of those systems," said lead author Michele C. Lim, vice chair and medical director of the UC Davis Eye Center.

The findings were based on a series of three questionnaire-based surveys. The most recent survey, conducted from 2015 to 2016, was emailed to 2,000 randomly selected members of the American Academy of Ophthalmology. A total of 348 (17.4 percent) ophthalmologists responded. Similar surveys were conducted in 2011 (492 respondents, or 33 percent) and 2006 (592 respondents, or 15.6 percent).

Among respondents to the latest survey, 72.1 percent had implemented EHR, more than triple the rate of 10 years earlier (19 percent). Ophthalmology practices linked with integrated, government or university health systems were more likely to have adopted EHR.

Respondents who converted from paper to electronic record-keeping also were asked about productivity changes based on the number of patients they see each day. Only about 15 percent responded in 2006 that

productivity decreased as a result of EHR adoption, but by 2016 more than half did. Similarly, respondents were asked how EHR affected overall practice costs: About 13 percent in 2006 felt that it resulted in increased costs, compared to 75 percent in the most recent survey.

"The surveys reveal deepening dissatisfaction with utilizing EHR," Lim said. "Despite their dissatisfaction, however, only one-third of ophthalmologists surveyed said that they would return to paper records if they could, and more than half said they would not."

The Centers for Medicare & Medicaid Services (CMS) established incentives in 2011 to encourage hospitals and clinics to adopt and demonstrate meaningful use of certified EHR technology. At first, financial rewards were given for EHR adoption. More recently, financial penalties have been levied for non-compliance with EHR use.

According to survey results, qualifying for CMS incentives was deemed cumbersome and too costly by many providers.

The authors pointed out that their study was limited by small sample sizes and the possibility of bias if more dissatisfied ophthalmologists responded to the two recent surveys or, conversely, if more satisfied ophthalmologists responded to the first survey. In addition, the surveys only asked about perceptions, and the researchers did not validate reported financial or clinical productivity changes.

Conducting three surveys over time likely lessened these limitations though, according to Lim. She is planning a future survey focused on the effects of using medical scribes to aid doctors in using EHR more efficiently.

"In a perfect world, EHR systems would help providers deliver efficient patient care and include a positive, user-friendly interface," Lim said.

"EHR technology is evolving, and we will end up with such systems if appropriate stakeholders, including health care professionals who use EHR, and those who design them work together."

More information: Michele C. Lim et al, Adoption of Electronic Health Records and Perceptions of Financial and Clinical Outcomes Among Ophthalmologists in the United States, *JAMA Ophthalmology* (2017). DOI: 10.1001/jamaophthalmol.2017.5978

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