

POLICY BRIEF

Only One Quarter of Family Physicians Are Very Satisfied with Their Electronic Health Records Platform

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Two decades into the era of Electronic Health Records (EHRs), the promise of streamlining clinical care, reducing burden, and improving patient outcomes has yet to be realized. A cross-sectional family physician census conducted by the American Board of Family Medicine in 2022 and 2023 included self-reported physician EHR satisfaction. Of the nearly 10,000 responding family physicians, only one-in-four (26.2%) report being very satisfied and one-in-three (33.8%) were not satisfied. These low levels of satisfaction point to the need for greater transparency in the marketplace and pressure to increase user-centric EHR design. (J Am Board Fam Med 2024;37:796–798.)

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Much has been written about the potential of electronic health records (EHRs) for streamlining clinical care, reducing clinician burden, and improving patient outcomes. Challenges related to EHR implementation, interoperability, and usability have left some physicians frustrated or even burned out.¹ Physicians in primary care are especially vulnerable to poor EHR integration in their workflow and bear a disproportionate burden from the clerical and data capture responsibilities that go along with EHR implementation.^{2,3} EHRs also contribute to burnout through their design for billing rather than the provision of comprehensive care and their lack

of interoperability across settings. In this policy brief, we update published data on EHR satisfaction with the results of a recent survey that has a high response rate and a generalizable sample exclusively composed of family physicians.

For more than a decade, the American Board of Family Medicine (ABFM) has used its annual recertification survey to monitor EHR uptake and, more recently, its functionality for “meaningful use” as a component of federal policy.⁴ In service to family physician EHR functionality, the ABFM collaborated with the Office of the National Coordinator for Health Information Technology (ONC) to add questions to this cross-sectional census of family physicians in 2022 and 2023. Survey completion is a requirement for US family physicians maintaining their family medicine certification and a nationally representative sample complete the survey annually with a 100% response rate.

In this analysis, we included 9932 family physicians who practiced direct patient care and reported using 1 of the 8 most popular EHRs at their main practice site – 79.9% of all respondents who practiced direct patient care. Each respondent indicated their satisfaction with their EHR on a 5 point scale ranging from “Very unsatisfied” to “Very satisfied.” Across the 2 years, 26.2% were very satisfied, 39.9%

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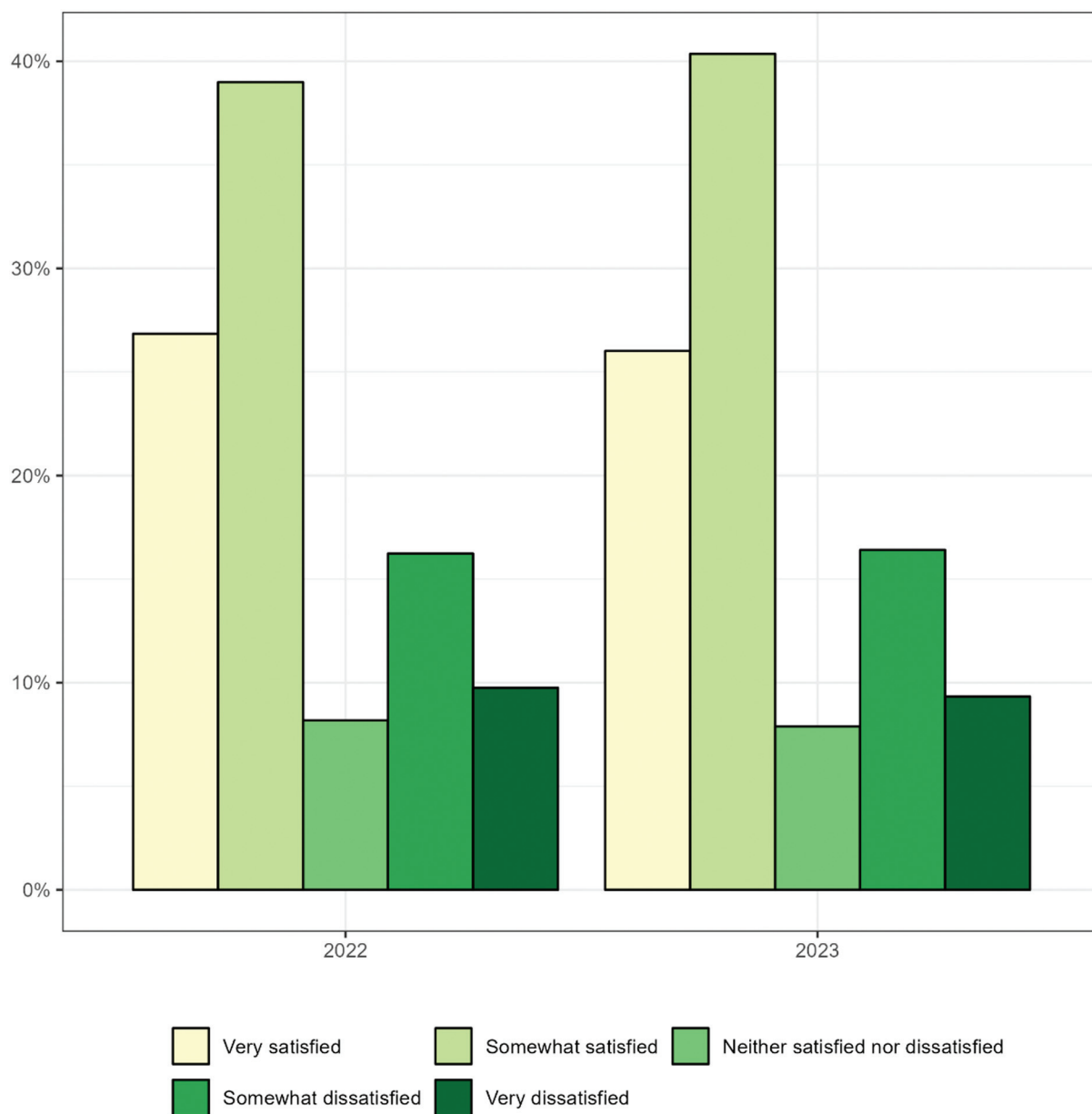
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Figure 1. Reported electronic health record (EHR) satisfaction of family physicians (total n = 9,932) across the 8 most popular platforms.



were somewhat satisfied, and 33.8% were less than somewhat satisfied (Figure 1). There were no significant differences between 2022 and 2023 respondents (ANOVA; $P \approx 1.0$). Rates of being very satisfied with specific EHRs ranged from 10.0% to 35.0%.

Only a quarter of family physicians report the highest level of satisfaction with their EHR, although a majority are at least somewhat satisfied. Satisfaction can be about many aspects of EHR use, for example, support staff such as

scribes have been shown to improve physician experience with EHRs.⁵ Satisfaction with EHRs is also higher within physician-owned practices.⁶ Different EHRs are known to be associated with different level of family physician satisfaction, which is primarily driven by usability and interoperability,⁷ but for others, satisfaction may be about reducing physician burden or improvement in implementation and training. The collaboration between the ABFM and ONC seeks to

improve reliability and transparency about particular and general EHR satisfaction in service to improving the related policies and to improving the choices that practices make.

To see this article online, please go to: <http://jabfm.org/content/37/4/796.full>.

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