

BRIEF ARTICLE

The Electronic Health Record: Should Small Practices Adopt this Technology?

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ABSTRACT

The potential for electronic health records (EHR) to make charting simpler, easier, and quicker while more accurately reflecting the patient's medical condition and allowing access to information from other practices has not been realized. Despite this, the Centers for Medicare and Medicaid Services (CMS) Merit Based Incentive Payments System (MIPS) encourages adoption of the EHR through financial incentives though exceptions to adoption of EHR can be granted. This article reviews the pros and cons related to adoption of EHR in small practices.

INTRODUCTION

Electronic health records (EHRs) were integrated into the medical field to improve patient care. Physicians, however, are increasingly frustrated with the complexity of EHRs that make charting more difficult, inhibit the patient experience, interfere with the doctor-patient relationship, and contribute to physician burnout. The high cost of EHRs is especially burdensome to small private practices. As of 2018, in a survey of all physicians, only 68% of physicians were "satisfied" with the current model of EHRs in physician-owned practices, and even fewer (58.5%) were "satisfied" with their EHRs in non-physician-owned practices.¹

Since 2009, the federal government has incentivized physicians to adopt EHRs under the Health Information Technology for Economic and Clinical Health Act (HITECH

Act). The HITECH Act was designed to improve patient care, enhance interoperability, and provide better communication and care coordination.² Physicians demonstrating "meaningful use" of EHRs are awarded an incentive payment by Medicare and Medicaid. In 2015, the Medicare Access and Chip Reauthorization Act (MACRA) Quality Payment Program was passed. The Merit Based Incentive Payments System (MIPS) focuses on value over volume and emphasizes patient satisfaction. An EHR is required to submit this data. Unless an exception is granted, penalties for non-participation can negatively affect Medicare reimbursement.

This article is focused on small private dermatology practices that have to decide whether or not the practice adopts an EHR. Hospitals and larger groups have already largely acquired these systems (96% as of 2021) driven by the higher remuneration from

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Medicare Part B for “meaningful use.” Only 78% of office-based physicians have applied EHRs to their practice through 2021.³ According to the 2019 American Academy of Dermatology’s (AAD) Practice Profile survey, 33% of solo dermatology practices and 27% of small group practices (3 dermatologists or less), have not adopted an EHR.⁴

COST OF EHR, PHYSICIAN BURNOUT, DOCTOR-PATIENT RELATIONSHIP, CLONED NOTES, AND PRIVACY ISSUES

The cost of EHR systems has financial, emotional, and legal ramifications and can compromise patient safety. Many systems cost over \$100,000 for software, hardware and recurrent annual costs for maintenance, upgrades, etc. It costs \$162,000 to initially incorporate EHRs into a five-person practice, and \$85,000 every year following for upkeep.⁵ Small practices, especially rural practices, may find these expenses impossible to bare.

Additionally, many physicians attribute their burnout to the decreased efficiency of EHRs⁶. Many EHRs cannot be tailored to fit the documentation requirements of small clinics. Unfortunately, the time spent using EHRs does not end when the physician leaves the office. This has been described as “pajama time” with physicians documenting many patient encounters at home. This impacts work-life balance and contributes to burnout.⁷ Currently, for every one hour a physician spends with a patient they spend an additional two hours entering data into the EHR.⁸

The impact of EHR on clinical practices that see a large volume of patients has particularly impacted dermatology. Growing evidence from a number of sources show that

dermatologists are no longer the happiest physicians. Burnout for dermatologists, as well as all other specialties, was exacerbated by the COVID-19 pandemic; however, 85% of dermatologists experienced burnout prior to the pandemic, which is often attributed to EHRs.⁹

Likewise, EHRs can impact physician-patient relationships. During typical patient visits, 52.9% of the physician’s time is spent using the EHR.⁸ Having the physician’s back to the patient leads to less eye contact and less communication. Important details can be missed, and patient satisfaction is impacted by seemingly disinterested physicians.

Cloned notes and artificial intelligence (AI) can compromise patient safety and care, as well as cause legal issues.¹⁰ Insurance companies, including Medicare, will deny payment if they have reason to believe the patient’s chart contains cloned notes that were not specific to the patient’s case.¹⁰ On the other hand, in the future, AI will likely incorporate patient “listen” to the visit and instantaneously generate a note, physician orders, and provide clinical decision support checklists based on guidelines for physician edits and attestation. While physicians would wish to have a patient’s medical information from other physicians at their fingertips, the potential impact of “connectivity” on privacy is profound. In addition, physicians do not have time to browse thousands of entries from interconnected EHRs. Some patients may shop for physicians who do not have an EHR because of their privacy concerns. **Table 1** summarizes the positive and negative impacts of dermatology EHRs.

RECOMMENDATIONS

The decision to adopt an EHR in a small practice rests on questions in the following categories:

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1. Will your patients benefit from electronic charting? Will you use AI to dictate notes into the EHR in front of the patient, or will the patient primarily see your back as you type into a desktop computer?
2. Will you spend more or less time completing medical records after adopting an EHR?
3. How much will the EHR cost initially and annually?

Depending upon the answers to these questions, some dermatologists may choose to wait to make an EHR investment. One of the authors (LBD) achieved an exemption from participation in MIPS/MACRA in May 2023 for a small town/rural practice due to the cost of the EHR, age of older partners who were threatening to retire rather than adapt to an EHR, and decreased revenue due to increased Medicaid patients in the payer mix. This article provides support for the need to lobby our legislators to remove counterproductive regulations that penalize physicians in solo and small group practices who have chosen NOT to invest in an EHR. Some may be driven away from where they are needed most to group practices in cities. When the EHR is not right for a dermatology practice, the physician should be able to make that determination without loss of income from government payers.

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Table 1. Positive and negative impacts of dermatology EHRs.

Positive Impact	
Legible medical records and synoptic report templates	Eliminating illegible medical records reduces many medical errors and benefits patient safety and care. Synoptic reporting stores data in a standardized way that easily allows information to be extracted, tabulated, and benchmarked.
Facilitation of dictation	Artificial intelligence (AI) can be integrated into EHRs to perform tasks usually completed by staff. This allows clinics to spend more time with patients and less time and less manpower doing basic, essential tasks.
Billing and adjudication of claims	Governmental and private insurance companies can benefit by electronic transmission of an office note to adjudicate payment claims.
Interoperability	The federal government requires all EHR manufacturers to facilitate physicians sharing notes, lab, and x-ray reports electronically.
Staff savings for billing and filing clerks and space saved with elimination of file cabinets for paper charts	Filing cabinets can be eliminated and staff needed for pulling charts can be tasked with other duties.
Negative Impact	
Cost of hardware and software	The cost of obtaining the hardware and software of EHRs and updating and maintaining it can be quite expensive, which may be burdensome to small, especially rural, practices.
Medical legal and healthcare problems from cloned notes	Cloned notes are notes that are copied and pasted from another source into a patient's chart or medical record. This shortcut can lead to healthcare and legal problems and jeopardize patient care.
Physician burnout and decreased efficiency	Physician burnout is increasing, and EHRs are a cause of it due to the amount of time needed to document. Dermatologists are less happy now than they were in the past, and part of this can be attributed to EHRs.
Interference with doctor patient relationship	Documenting on EHRs during patient visits can affect communication due to

	increased time with the physician's back to the patient and decreased eye contact. Important information can be missed, and any movement toward decreased empathy and depersonalization results in a worse quality of patient care.
Early retirement of older physicians	Older physicians may not be good at using technology and forcing them to use EHRs can interrupt their routine and slow down their day. Many older physicians work in small practices, and due to the cost of EHRs, it may not be reasonable to incorporate this new method.
Privacy issues	Within just the next few years, new EHR systems will incorporate AI. Patient data needs to be protected, and AI raises the problem of possible privacy violations via hackers.
Information overload	Identifying important clinical information in hundreds of thousands of pages of documentation becomes problematic. Time does not permit dermatologists to review all this information, and the potential legal ramifications of not reviewing "available" information are significant.