



Optimization of Electronic Health Record Usability

Jonathan Yun, MD, MPH, Grant Family Medicine; Michael E. Johansen, MD, MS, Associate Editor

Ann Fam Med 2024;22:182. <https://doi.org/10.1370/afm.3097>

The *Annals of Family Medicine* encourages readers to develop a learning community to improve health and health care through enhanced primary care. With the *Annals Journal Club*, we **encourage** diverse participants—particularly among students, trainees, residents, and interns—to think critically about and discuss important issues affecting primary care, and even consider how their discussions might inform their practice.

HOW IT WORKS

The *Annals* provides discussion tips and questions related to one original research article in each issue. We welcome you to post a summary of your conversation to our **eLetters** section, a forum for readers to share their responses to *Annals* articles. Further information and links to **previous *Annals Journal Club* features** can be found on our **website**.

CURRENT SELECTION

Franks AM, Clements C, Bannister T, et al. Optimization of electronic health record usability through a department-led quality improvement process. *Ann Fam Med*. 2024;22:81-88. <https://doi.org/10.1370/afm.3073>

Discussion Tips

In 2009, the Health Information Technology for Economic and Clinical Health Act (HITECH) became law. HITECH provided Federal financial incentives to increase the adoption of electronic health records (EHRs). Now, 15 years later, most outpatient physician offices and hospitals use EHRs. However, physicians generally rate the usability of electronic health record programs as low. In this issue of *Annals*, Franks et al describe a quality improvement project designed to optimize the use of a newly introduced EHR at the department level of an academic center that serves primarily rural patients.

Discussion Questions

- What questions are asked by this study and why does it matter?
- How does this study advance beyond previous research and clinical practice on this topic?

- What was the intervention? Who participated in the assigned groups?
- How strong is the study design for answering the question?
- To what extent can the findings in Figure 1 be explained by world, geographic region, and intradepartmental events? If you could eliminate constraints to data availability, how would you strengthen the study design?
- The study authors chose charges, payments, and visits as process measures to measure EHR optimization success. What are some other ways to measure the success of EHRs, in general, and EHR optimization, specifically?
- What are the advantages and disadvantages of the way the authors accounted for and quantified optimizations?
- The authors report the proportion of each optimization type by each office process in Table 2. What do these proportions imply about each office process?
- What are the main study findings?
- How comparable is the study sample to similar patients in your practice or region? What is your judgment about the transportability of the findings since this quality improvement initiative was performed at an educationally focused department of family medicine?
- What contextual factors are important for interpreting the findings? Do you think this project would result in similar outcomes if the EHR had been in place for ~5 years?
- How might this study change your practice? Policy? Education? Research?
- Who are the constituencies for the findings, and how might they be engaged in interpreting or using the findings?
- What are the next steps in interpreting or applying the findings?
- What researchable questions remain?