



End-User Feedback Executive Summary

2021 Federal Electronic
Health Record Summit

The Federal Electronic Health Record Modernization (FEHRM) office,

Department of Defense (DOD), Department of Veterans Affairs (VA) and Department of Homeland Security's U.S. Coast Guard (USCG) collaborated to host the first-ever Federal EHR Annual Summit to generate feedback on enhancing and optimizing the federal electronic health record (EHR). More than 500 individuals registered for the Summit including personnel from program offices and users of the federal EHR such as physicians, nurses, pharmacists and administrators from DOD and VA sites that used the EHR for six months or more.

This document highlights themes that emerged from end-user feedback the FEHRM received before, during and after the Summit. The FEHRM is routing end-user feedback to appropriate action officers with the goal of improving the health care of Service Members, Veterans and all beneficiaries and those who serve them.

DOD Commands and VA Sites Represented at the Summit

- Joint Base Elmendorf Richardson Hospital
- David Grant Medical Center
- Beale Air Force Base (AFB) Clinic
- Vandenberg Clinic
- Naval Hospital Camp Pendleton
- Naval Branch Health Clinic Port Hueneme
- Naval Health Clinic Lemoore
- Naval Medical Center San Diego
- Mountain Home Health Clinic
- Irwin Army Community Hospital
- Madigan Army Medical Center
- Naval Hospital Bremerton
- Naval Health Clinic Oak Harbor
- Fairchild AFB
- Eielson AFB
- Mann-Grandstaff VA Medical Center
- Chalmers P. Wylie Ambulatory Care Center
- West Consolidated Patient Account Centers

170 summit session comments → **40** recommended actionable items → **4** closed/ adjudicated items to date



Top Three Areas for Improvement

1. **Patient Portal.** End users want an improved patient portal experience for the patient population. This requires addressing log-in and appointment scheduling issues with the portal, reducing the number of screens for message transmission and ensuring providers receive messages from patients and other providers.
2. **Workflows.** End users identified several areas for enhancing workflows including standardizing workflows and reducing the number of clicks to complete a task.
3. **Reports.** End users expressed concerns with (1) the ability to run different types of reports (for example, ward/stock reports, appointing changes made and analytics and readiness reports); (2) the inaccuracy of reports; and (3) better descriptors and filtering capabilities for reports.

Note: End users requested more comprehensive training before go-live including department-specific/role-specific training, better testing of real-life scenarios during training and a training environment that mirrors production to allow end users to train in workflows. Adequate training is necessary to ensure end users can effectively and efficiently use and optimize the federal EHR.

“
[There should be] better testing of real-life scenarios, better training for all staff (super superusers, superusers and end users), better flexibility/capability in system to meet human factor needs (usability).

– End User”

Top Three Areas of Strength

1. **One System.** End users valued the ability to see a patient's entire medical record and full spectrum of care across different health care systems in one EHR. They also valued inpatient and outpatient records being available in one place.
2. **Ease of Use and Efficiency.** End users enjoyed the ease of portability and communication from provider to provider with the federal EHR. They also liked the ease of finding records, booking appointments and navigating the system. They felt the auto text feature of the federal EHR saved time, and overall the federal EHR proved more efficient than a paper-based record.
3. **Standardized Care.** End users understood and appreciated the value of standardizing health care across the Departments through the single, common federal EHR.

“
[It delivers a] much better ability to see the patient's full spectrum of care in one system.

– End User”