Electronic Health Records: All That They’re Chalked Up To Be?

Mac Williams  
*Thomas Jefferson University*

Meghan Gannon, PhD  
*Thomas Jefferson University*

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Electronic Health Records: All That They’re Chalked Up To Be?

Mac Williams, Meghan Gannon*

Introduction. The United States faces a challenge: how to improve access to healthcare with an aging physician workforce. An aging baby boomer population prompts higher medical demands, further heightening this challenge. Although measures to increase the longevity of practice for older physicians could help address this challenge, the federal government has lacked to create such policy.

Methods. This study looked at the role of electronic health records and the American Recovery and Reinvestment Act in the ability of primary care physicians to continue practice through in-depth qualitative interviews. A total of N=5 interviews were conducted in-person and remotely using a set of standard questions. Interview data were coded and thematic analyses were used to derive data themes around the mandate’s impact on their practice with specific regards to the implementation of electronic health record systems.

Results. Five physicians participated in the interviews, all of whom were over age 55. The participants noted that they incurred both financial and interpersonal stress from the American Recovery and Reinvestment Act’s mandate. The participants highlighted that electronic health records impaired the relationships with their patients and factored into their expected length of practice.
SI/HP Abstract

**Conclusion.** Legislators should consider the impact electronic health record policy has on older physician’s ability to practice medicine. Eliminating the penalty for paper charts in older physician practices could remove financial stress and thus potentially increase length of careers and improve community healthcare access. Future research is needed to determine approaches that best mitigate electronic health record induced barriers to a strong physician-patient connection.