

Impact of Telehealth on EHR Fluency in a Student Run-Free Clinic

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Since the onset of the COVID-19 pandemic, health care providers have had to rapidly transition from in-person visits to telehealth calls without adequate preparation. While telemedicine modalities may have benefits including shorter wait times and reduced healthcare costs, this rapid transition may also have its disadvantages. Adapting healthcare to an online format without proper training could negatively impact patient care and documentation of patient records. It has been established that patients have experienced discomfort and/or distrust while communicating through a computer about their condition. Patients, in rural communities especially, lack access to a computer or internet. These obstacles might lead to health care providers experiencing more stress. They may find it harder to connect with patients virtually, leading to errors in diagnosis and record of the interaction. Without adequate training, the quality of patient care may be severely impacted.

This study aims to determine whether barriers to telemedicine, within a local student-run free clinic, have impeded electronic health record (EHR) fluency. Specifically, it investigates whether there has been a change in electronic health record entry completion and accuracy in a student-run free clinic since transitioning to telemedicine. In this context, records entered while the clinic was held in person are defined as pre-telehealth while those entered after the transition have been defined as post-telehealth. We hypothesized that the transition to telehealth clinics would impair EHR fluency.

To test this hypothesis, a retrospective study was conducted to compare completion and accuracy among pre-telehealth and post-telehealth records. Means for completion and accuracy were assessed using a t-test. We will present results on whether EHR fluency is maintained or altered during the telehealth visits based on changes in completion and accuracy. These results will suggest either the need for a standardized intervention or that telemedicine has minimal impact on record entry.