ABI

Survey on GP experience of medical reporting for insurance

Results and analysis – 2023

Contents

Survey on medical reporting by GPs for insurance applications and claims

Background on medical reporting

Life insurance provides financial protection for individuals and their families at a time of ill health, disability, or death. Policies are normally held over a long period of time, typically 25-years, with premiums priced at the outset as part of the application process. This means that it is crucial for insurers to have the right health and lifestyle information about prospective customers to set fair prices that accurately reflect the overall level of risk, and to maintain a sustainable market. Therefore, applications typically include questions related to their health, lifestyle, personal medical history, and relevant family medical history. In some cases, insurers require further medical evidence to ensure that their risk assessment is accurate. This is called medical underwriting and can include health reports from doctors and sometimes screening examinations or test results. Insurers assess whether medical underwriting is needed based on an individual's risk factors and the financial value of the policy.

Medical reports are also sometimes required to help an insurer validate a claim. It is important to highlight that the majority of claims are paid - in 2021, claims were paid for 99.9% of Whole of Life policies and 97.3% Term Life policies. For the very small minority of claims that are not paid, the main reasons are 'misrepresentation' and the policy definitions not being met. Misrepresentation is when an individual carelessly or deliberately misrepresents their circumstances. Medical underwriting helps to prevent this from happening and it is important to monitor misrepresentation to ensure the market remains sustainable.

When a medical report is required for underwriting or validating a claim, an individual will typically be asked to give consent for the insurer to obtain a report from their GP with pertinent information from their health record. There are different ways a GP can produce a health report for insurers. The traditional route involves manually compiling the relevant information from a patient's medical record into a paper report, which is then sent to the insurer in the post or by email. We refer to these as 'paper reports' throughout the document. Electronic health reports, referred to as EHRs, utilise technology to quickly identify and compile relevant health information from a patient's medical record, which is then reviewed by a GP and sent securely.

The Information Commissioner's Office (ICO) acknowledges that insurers have a legitimate interest in confirming medical information about individuals for insurance purposes. The ICO states that with an individual's consent, an insurer can apply to a medical practitioner who may produce a tailored medical report containing the information the insurer needs. In line with this approach, EHR software can create efficiencies compared to paper reports. However, only half of practices use EHR software, and this inhibits insurers' ability to pay claims quickly and provide important protection cover.

Insurers understand the imperative to meet the safeguards of the current system, but it is important that they are met without causing detriment to consumers. The current approach is lagging behind technological developments and, as this survey demonstrates, is creating needless administrative burden at a time of unprecedented strain and low satisfaction rates amongst GPs. It is also causing stressful delays for consumers waiting for decisions from insurers about insurance applications and insurance claim pay-outs.

Why better data sharing matters

Delays in getting cover and the pay out of claims are the top reasons for complaints about life insurance products. These delays are often due to the time it takes for insurers to receive medical reports. Aggregated data provided to the ABI on turnaround times for insurance health reports shows that paper reports take on average two weeks longer than EHRs. Delays to insurance applications disproportionately affect people with pre-existing medical conditions and can lead to other consequences such as mortgage applications being delayed. In the case of a claim, a delay can leave families with needless and stressful financial insecurity during times of difficulty.

British Medical Association (BMA) **guidance** before the pandemic states that GPs should return medical reports to insurers within 20 working days of receipt of requests. Maintaining this standard is important to help mitigate the risk of bad customer outcomes. However, data collected by the ABI shows between 63-74% of paper reports are returned more than 21 days after receipt of requests. Data collected on turnaround times for health reports shows a correlation between delays in the receipt of insurance medical reports and increased strain on GPs, with longer delays around the busier winter months leading to 4-6% of paper reports taking over three months.

GP practices are facing increasing strain and a declining workforce simultaneously, and this has an inevitable bearing on medical reporting including insurance reports. Almost all insurance reports are completed by GP partners as opposed to trainees, salaried GPs, nurses, and other practice staff. The number of GP partners in the workforce has decreased consistently over time, dropping by around 20% since 2015. As this trend continues, the burden of medical reporting will increase for a smaller number of remaining partners. In the short-term, more efficient medical reporting processes can help to relieve this burden.

The **Government has started taking measures to address** the administrative burden on GPs through new legislation that embraces technology and shares the load across health professionals. By working together, using technology and involving other health professionals in the medical reporting process the insurance industry and GPs can help to reduce further pressure on the system.

In 2017, the ABI worked with the ICO and BMA to develop **principles for requesting and obtaining medical information electronically from general practitioners**. The principles were intended to improve medical reporting in accordance with the Access to Medical Reports Act (1988) by encouraging the use of EHR software. In the 7 years since, we have seen progress, but around half of GP practices still do not use EHR software. This survey provides insight on why this is the case and highlights the broader benefits and barriers to EHR software uptake from the perspective of GPs.

Executive summary

This was a qualitative survey and there is a necessary degree of subjectivity in the interpretation of answers. Over 300 people responded to the survey, which was live on GP Online in October 2022. The vast majority of respondents were GPs along with a small minority of practice managers. With over 40,000 individual GPs working in the UK, the findings offer an indication of GP attitudes but not a definitive view.

Respondents were given separate but corresponding questions depending on whether they:

- work at a GP practice with EHR software; or
- at a practice without EHR software.

The survey questions were split in this way to enable analysis of GP practice experience of EHR software versus the perceptions held by those who do not use it. Over two thirds of respondents work at a practice without EHR software, therefore the sample size is greater in their responses. Response rates for each question are included in appendix 2.

Key findings

Both cohorts raised common themes: impact on workload, software utility, and affordability.

- Respondents without EHR software believed that it would increase workload and that it would not be user-friendly or offer value for money. When they were asked about the benefits of *not* using EHR software, nearly one in ten (15) said that paper reports are less time consuming. One in four (40) said that paper reports allow for greater human involvement with some highlighting a perceived link between human involvement and greater speed.
- On the other hand, respondents who use EHRs reported speed and utility as benefits of the software, and cost was very rarely raised as a negative. 83% of EHR software users highlighted speed as a benefit, 79% said it reduced administrative burden, and 49% highlighted the benefits of its redaction functionality.
- More than one in ten (16) non-users said that pricing would need to change for them to start using EHR software. Yet only one in fifty (1) respondents who currently use the software said it could be improved financially.

These results indicate a disparity between the perception and reality of EHRs. The survey findings suggest that many non-users consider human clinicians as more reliable and therefore believe it is quicker to produce a paper report than to check that all inappropriate information has been excluded from a software report. This is at odds with software users, who experience greater speed and less administrative burden with EHRs.

Data provided to the ABI comparing EHR and paper report turnaround times shows EHRs are returned to insurers two weeks quicker on average. Only 2-7% of paper reports were returned between 0-7 days of receipt throughout the year, compared to 15-29% of EHRs. 8% of paper reports also resulted in a follow up request required, which can lead to longer delays and more work, compared to 4.5% of EHRs.

The leading reason respondents' practices have not started using EHR software is that they are not aware of it or have not considered using it, as highlighted by nearly a third (44) of non-user responses. A further one in ten (14) said that they

have not started using EHR software due to lack of information about it, how it works, or what the benefits are. When asked what needs to change for their practices to start using it, almost a third (44) said they need more information and nearly one in ten (13) requires evidence of value for money. This suggests that uptake of EHRs could be increased through awareness raising.

Another signal to insurers is that GP practices with EHR software still produce a proportion of paper reports (usually under 25%) in part because they receive requests for paper reports from insurers as opposed to EHR requests. The survey also uncovered that users find the software more challenging when completing complex requests and therefore opt for paper reporting. Given the greater turnaround time for paper reports, individuals with complex medical histories are likely to be the most impacted by this limitation.

When asked how their experience of the software could be improved, almost half (25) of EHR user respondents pointed to the utility of the software. On the theme of software utility, EHR users and non-users both raised IT integration and the EHRs dependency on coding. In some cases, EHR software does not capture relevant health information due to poor Read Coding in the record. IT integration issues can also arise when software doesn't pick up clinical letters and other correspondence scanned into the medical record by other third-party software.

Conclusion

Factoring in the increased speed and reduced administrative workload experienced by a majority of EHR users in our sample, the results indicate a reality of low cost and high value for money against a perception of high cost and low value. Inevitable issues with the current approach to medical reporting leave customers facing delays to claims and barriers to accessing vital cover, as well as creating an increased administrative burden for GPs.

In the short term, wider take up of EHR software amongst GPs and insurers would likely reduce the administrative burden on GPs and improve customer experiences of insurance.

The findings also suggest that improvements can be made to the software for individuals with complex medical histories who are likely to benefit most from quick underwriting and claims decisions.

Finally, whilst this survey finds that EHR software is generally more efficient for GPs, it does not completely alleviate the pressure on primary care resulting from insurance reporting. Neither does it completely remove delays from the applications and claims process for customers. In the longer term, it is important to work towards solving these problems entirely. This has become increasingly feasible due to advances in technology and moves to involve more health professionals in similar processes.

Recommendations

1. **For primary care and the insurance industry – engagement between primary care and the insurance industry.**
   Insurers and GPs should work together constructively to reduce delays and barriers to insurance for consumers and to decrease the administrative workload for practices to free up time for patients.

2. **For primary care – wider take up of EHR software.**
   More practices should adopt EHR software and doing so should be actively encouraged by bodies representing the primary care community.

3. **For software providers, primary care, NHS, and the insurance industry– raise awareness about EHR software.**
   Software providers should continue to raise awareness and educate GPs about EHR software. The insurance industry, the NHS, and bodies representing primary care should also raise awareness to improve outcomes for patients and customers. Software providers should look to build and disseminate robust evidence of value for money to demonstrate that their software reduces administrative burden and improves data security and accuracy. GP practices would also benefit from the ability to trial the software – this would allow them to assess the value for money for their organisation without commitment.

4. **For software providers – continue to refine software offering to address specific issues raised in this report.**
   Software providers should continue to improve products based on their own engagement with users as well as the findings in this report. This will improve GPs' confidence in the ability of technology and reduce the time required to check reports for inappropriate information. Providers should also ensure that the software can easily accommodate complex and non-standard requests.

5. **For government, regulators, and the NHS – review responsibility for medical reports.**
   The government, NHS and the ICO should collectively review responsibility for the provision of medical reports by GPs to third parties. Advances in technology across the health and insurance sectors, alongside learnings from the recent introduction of powers for a range of health professionals to certify and issue fit notes, could be applied to medical reporting to insurers.

6. **For Government and regulators – review the statutory mechanism for obtaining medical information for insurance purposes.**
   In 2015, the Information Commissioner said that: 'if the specific statutory mechanism provided by legislators for obtaining medical information for insurance purposes is failing to provide the information within the timescales the industry needs, then those affected should seek to review that mechanism and have this subjected to proper parliamentary scrutiny with a view to changing it'. Alongside a wider review into the responsibility for health reports, Government and the ICO should work with the insurance industry to review the relevant statutory mechanism and assess whether it remains fit for purpose.

7. **For the insurance industry – consistent take up of EHRs and an additional EHR instruction when sending a request for medical evidence to a GP.**
   It is important that all insurers are set up to use EHRs. For insurers that are set up to use EHRs, practices should always be given the option of returning an EHR, even if it is unclear whether the practice will do so. The leading reason GPs with EHR software still produce a proportion of paper insurance reports is that they receive requests for paper reports from insurers, as opposed to requests for EHRs.

8. **For the insurance industry – reduce complexity.**
   Insurers should work with software providers to explore ways of reducing the complexity of non-standard requests or requests for individuals with complex medical histories. Limiting the complexity of reports would increase GPs' comfort using EHRs for a greater proportion of requests.

9. **For the insurance industry, GP representative bodies and regulators – explore ways to limit the number of requests sent to a GP when an individual applies for cover or makes a claim through multiple insurers.**
   When an individual has a complex medical history, they may apply for insurance cover through multiple insurers to try to find preferable rates. In this circumstance, they may provide each insurer with consent to request medical evidence. This means that a GP will receive multiple requests for similar information, which duplicates labour and adds to GP workload. It is also an inefficient customer experience that disproportionately affects those with complex medical histories. There is an opportunity to develop a solution to streamline this process. This will need to involve the insurance industry, GP representative bodies and regulators to ensure that information continues to be shared safely, with full customer consent and in a manner that is compliant with legislation.

Health report turnaround times – paper vs software

Data provided to the ABI indicates that between 2021-2022, paper reports took over five weeks on average to return to insurers. Whereas EHRs were returned to insurers two weeks quicker on average.

The sample includes over 5,000 cases. This is a subset of the total number of reports returned to insurers. As we cannot account for sampling bias these results should be treated as indicative.

Paper report: 36.4 days
EHR: 21.5 days

Between 63-74% of paper reports are returned over 21 days after receipt of requests compared with 15-29% of EHRs. Only 2-7% of paper reports were returned between 0-7 days of receipt throughout the year, compared to 15-29% of reports produced by EHR software.

When split by month, the data also shows that increased turnaround time correlates with the winter months when primary care is under the most pressure. BMA analysis shows that in November 2021, the total number of GP appointments in England rose to record highs. At the same time, over 20% of paper reports were received by insurers over two months after the request, compared to under 5% of EHRs. While EHR software does not completely solve the problem, it is a significant improvement, helping customers receive timely claim payments and swift cover, even when GPs are under increased pressure.

Strain on primary care and competing priorities are a key driver for delays, and the data suggests that this can improved with EHR software. However, delays can be caused on both sides of the request. Many practices now request payment before completing a medical report for an insurance company. In some cases, fee payment is delayed and this causes knock-on delays to the completion and return of medical reports.

Data provided to the ABI also shows that 8% of paper reports result in a follow up request, compared to 4.5% of EHRs. This happens when the initial report does not contain sufficient information and a further request is required to get clarification. This can create significant additional delays for customers and more work for GPs.

Chart 1 below compares the average turnaround time in calendar days for paper reports and EHRs. Chart 2 compares turnaround times by grouping paper reports and EHRs into different turnaround time brackets and comparing them by month.

Chart 1: Average turnaround time comparison in calendar days, split by month

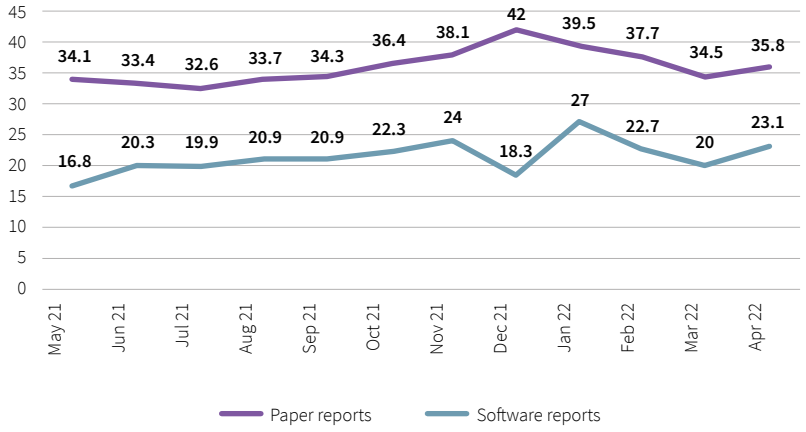
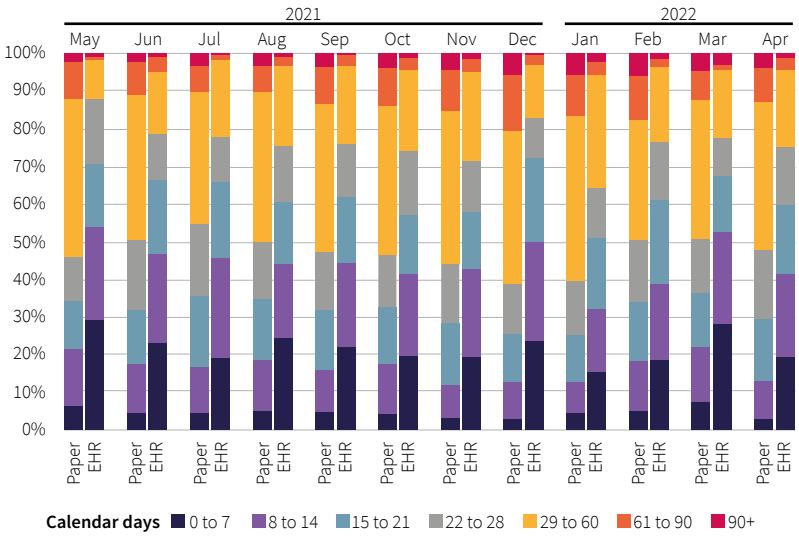


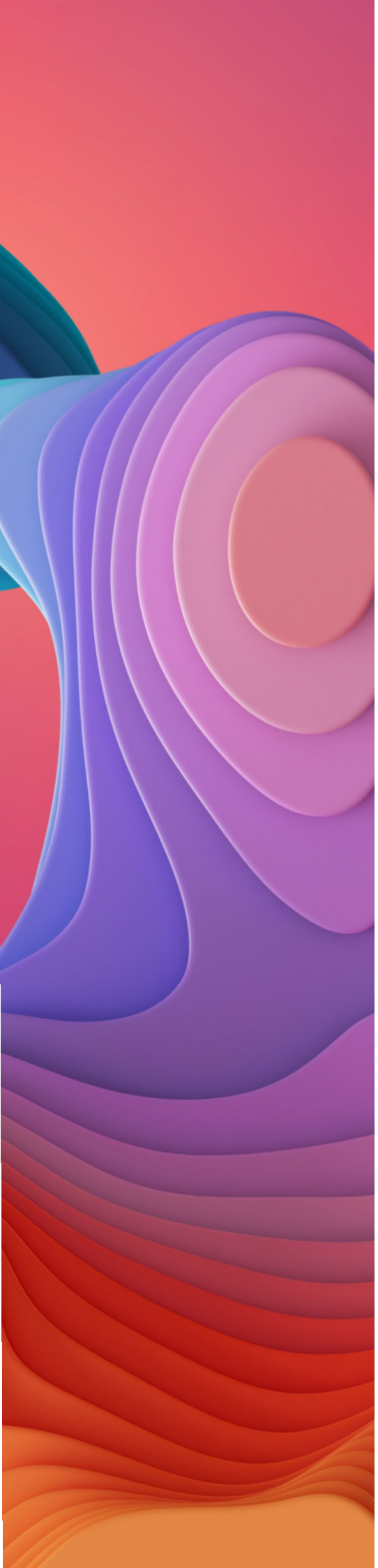
Chart 2: grouped turnaround time comparison in calendar days, split by month



GP perceptions – paper vs software

Survey respondents were asked whether their practice uses EHR software or not. This determined which questions they were asked. Over two thirds of respondents work at a practice without EHR software, therefore the sample sizes are greater for their questions.

When filling in the survey, providing an answer was not mandatory for every question. As a result, the total number of responses differs per question. The individual response rates for each question are included in appendix 2.



Survey results for respondents with EHR software

Around one third of the survey respondents currently use EHR software. All of the analysis in this section relates to those respondents. This is a relatively small sample and the findings should be treated as indicative.

The aim of these questions was to understand the extent to which respondents use EHR software, the benefits and challenges they have experienced, as well as what motivated them to start using it and what would affect their future usage.

Reasons why GP practices start using EHR software

When asked why their GP practice started using EHR software, responses clearly show that positive impact on workload is the most persuasive benefit in our sample.

Over two thirds of respondents (46) started using EHR software to reduce workload. This is a significantly high proportion, followed by nearly a third (20) of respondents pointing to software utility as the reason why they started using it. This included redaction functionality, ease of completion, and that EHRs are simpler to audit. Security and data protection were also raised by almost one in twenty (3).

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> - Ability to work between different sites without hauling masses of paperwork between locations (or even do some work from home).
> - A requirement of the Company and because redaction software is inbuilt.
> - Can delegate work to other staff.

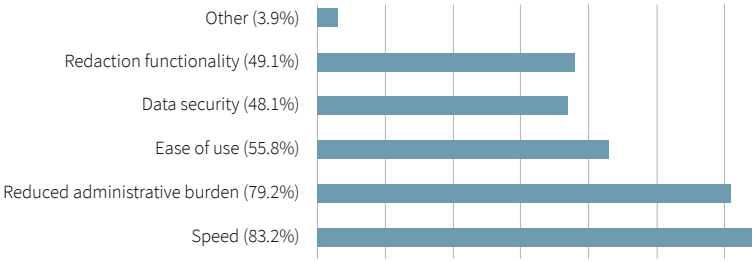
The benefits of EHR software

Multiple Choice – respondents were asked *‘What are the benefits to you and/or your practice of using insurance reporting software?’*

A large majority of respondents felt that speed and reducing the administrative burden were benefits of the software. This is an important consideration in the context of growing strain on primary care alongside a decreasing pool of GP partners.

Many also felt that ease of use, redaction functionality and data security were benefits. Often paper reports are still sent in the post or by email, and the security provided by transmitting data securely using software should be a crucial benefit given the sensitivity of patient data.

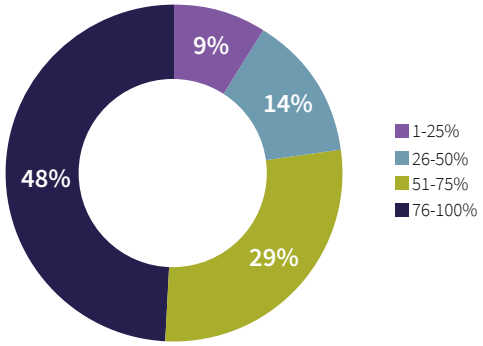
Reported benefits of EHRs to GP practices



Why practices with EHR software still send paper reports

Respondents from practices with EHR software were asked what percentage of reports they send as EHRs. 'Unknown' responses have been omitted from the chart below.

% of reports sent to insurers using EHR software



The results show that GPs who have EHR software still return paper reports in a minority of cases. Most GP practices with EHR software use it for 76-100% insurance reports.

To account for the paper reports returned by EHR users, the survey asked: *"For reports that your practice completes without using insurance reporting software, what are the reasons for this?"*

For the minority of paper reports returned, over a quarter of respondents (18) said that it is because they received paper (non-EHR) requests from the insurer. This suggests that it is often not due to GP preference.

There are a range of reasons why insurers sometimes send out paper requests instead of EHRs. Paper requests may be sent for reports relating to certain medical conditions or reports to validate a claim. Insurers may also send a paper request when they do not believe that a GP practice has EHR software. Lastly, while most insurers are set up to use EHR software, the findings suggest that a small minority are not.

These results show that further efficiencies could be gained by the insurance market. The industry is working to understand these issues and explore solutions through the Association of British Insurers (ABI) EHR Working Group.

Over a fifth (14) of the minority of reports sent without EHR software are due to the complexity of the request. This can occur if a patient has a complex medical history,

or the request is considered 'non-standard' and therefore viewed as more detailed than the software can easily accommodate. Nearly one in six (10) highlighted software issues, including concerns with redaction and the view that a manually compiled paper report will be quicker. These findings suggest that users face more challenges with the software when completing complex requests and therefore opt for paper reporting in those cases.

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> - [The requests] are specific questions which are sent related to the original form, or travel insurance forms which are not electronic.
> - There are more detailed questions that the software can't answer.
> - Non-standard forms, replying to free text letters asking for information, and (I suspect) some staff in some companies not using insurance reporting software.

How the experience of EHR software could be improved for general practice

- Nearly half of respondents (25) mentioned a desire for improvements in software utility. Specifically, respondents wanted quicker and simpler software with improved reliability of removing patient identifiers, as well as better IT integration. IT integration issues can arise with other third-party software. For example, software that scans clinical letters and other correspondence into the patient record.
- Around one in eight (7) respondents flagged increased uptake by insurance companies and other stakeholders as the main way to improve their experience.
- More than one in ten (6) said that no improvements were needed, and the software works well as it is.
- Only one response mentioned pricing or affordability. This is a much lower proportion compared with non-user respondents who don't use the software

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> - More insurance companies using it. DWP should also use it and it would be much easier than the paper copies sent.
> - More user friendly.

Survey results for respondents without EHR software

Around two thirds of the survey respondents work at practices without EHR software. The sample size for these questions is greater than those in the previous section.

The aim of these questions was to understand why GP practices have not started using EHR software, perceived issues with its use, what would need to change for them to start using it, and any perceived benefits of not using it.

The results indicate that the main barriers to uptake are a lack of awareness about EHR software and information about how it works and concerns about the utility of the software. Less significant, but still prevalent, concerns were impact on workload and financial considerations.

Lack of awareness and information

- When non-users were asked why they have not started using EHR software, nearly a third of respondents (44) highlighted a lack of awareness. A further one in ten (14) cited insufficient information about the software such as how it works, or the benefits.
- When non-users were asked what needs to change for them to start using EHR software, nearly a third (44) said they needed more information. Some highlighted the value of a trial or demo and education on how to implement the software and overcome common issues.
- Nearly one in ten (13) highlighted a need for proof of positive outcomes, such as cost effectiveness, safety, reliability, and time benefits.

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> - We were not aware of this service but as of today we have started using it.
> - It would be good for a company to put together a video of the process of implementing the reporting system in a real life practice, and picking up on some of the issues that arise and how these are overcome

Software Utility

- More than two fifths of non-users (62) held a perception that the software itself would be problematic. Specific issues raised included a lack of accuracy and the inclusion or exclusion of relevant information, confidentiality and safeguards, as well as ease of use to ensure the software is “fool proof”.
- When asked what benefits GPs see with paper reporting compared to EHRs, the main benefit raised, by over a quarter of respondents (40), was that paper reporting allows for increased human involvement and relies less on technology. Many non-user GPs feel reassured about the accuracy of paper reports because they are produced manually by a person and felt that they were better able to tailor paper reports when the patients are well known to them.

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> - I’ve used it before and like it – it obviously only pulls up coded items. .

Impact on workload

- When asked about their perception of the software, one in eight (18) non-users expressed concerns that EHRs would increase their workload. Respondents highlighted the time required to train staff to use the software and to check EHRs against records. Some respondents had experienced issues with EHR software’s reliance on historical coding and the varying quality of coding in medical records. This can impact the accuracy of EHRs and make reviewing them take longer.
- When non-users were asked their views on the benefits of not using EHR software, More than one in ten (15) answered reduced workload. They held the view that paper reporting is quicker because GPs do not need to spend as much time checking for inaccurate and inappropriate information.
- To put this in perspective, a greater proportion (16) believed that there are no benefits of not using EHR software.
- Many of the negative perceptions about impact on workload are at odds with answers from GPs who use EHR software. 79% of GP EHR users said that the software reduced their administrative burden.

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> - It may be less time consuming to go through notes manually and write up report rather than take time ensuring all relevant third-party information is redacted.
> - Getting different GPs on board with a new system and way of doing things.
> - None – would definitely prefer to outsource this work to reduce my workload.

Pricing and finance

- There are a range of pricing options for EHR software. Software providers usually take a cut of the fee paid to the GP practice by the insurer. This section is about perceptions of the cost of software, how the software deals with the fees that GPs charge insurance companies, and the subscription models.
- More than one in ten non-users (16) said that pricing and finance would need to change for them to start using EHR software, with some indicating that cost would have to be reduced for them to consider using it.
- When asked about specific problems they perceive with the software, nearly one in ten (13) raised pricing and finance. Answers included loss of income as a result of using the software, lack of flexibility with fees, and being tied into a subscription.
- A smaller proportion of respondents, around one in twenty (9), listed pricing and finance reasons for why they don't use EHR software.
- Similarly, around one in twenty (9) non-users raised pricing and finance as a benefit of *not* using EHRs. Some said that not using EHR software retains money to pay staff, or for the practice or its partners. Other answers highlighted the advantage of increased control over payments with paper reports, including the ability to not send the report until receipt of payment.

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> - A lack of flexibility when it comes to how much is charged for reports.

Other key themes

- When non-users were asked whether their practice had started using EHR software but then stopped, only 4% (7) said yes, compared to 96% (162) who said no. This indicates high retention rates once EHRs are implemented.
- One in ten (16) respondents said that they had not started using software because of preference or that they did not see the need. Some (5) mentioned that they receive a low volume of insurance requests, which reduces the need to get specialised software.
- When non-users were asked what needs to change for them to start using EHRs, a small proportion of respondents (4) highlighted a requirement for approval to implement EHR software. In the answers received, approval would come from the NHS, at ICS level, or be commissioned for use within Defence Primary Care. Similarly, some non-users explained that it would need to be approved by their board, or that they would need 'whole practice agreement'.
- A minority (4) of non-user respondents highlighted a preference for the status quo as a benefit of not using EHR software. These respondents felt they already had a system in place that works and so there is "no need to rock the boat". One respondent said that a benefit of paper reports is that they can be sent by post and avoid the risk of a cyber-attack.

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> - Not been advised by head office.

Appendix 1 – survey details

The survey was live on GP Online platforms for 2 weeks between 5-19 October 2022.

Responses	
Complete responses	238
Partial responses	177

Respondent roles	
GP (Doctor)	322 (98.2%)
Practice manager	6 (1.8%)
No response	87

Total number of respondents at practices with EHR software	
Do	98 (30.2%)
Do not	227 (69.8%)
No response	90

Around two thirds of respondents worked at GP practices without EHR software, compared to about one third with it. The response rates differed between questions. The total number of respondents for each question is listed in appendix 2. For EHR users, response rates ranged from 53-77, and for non-users, between 143-148.

Most of the survey was qualitative and required open-text responses, therefore a thematic analysis of results was applied. Topics in the responses were grouped and then analysed based on comparison of the number of times mentioned. Interpretation of topics is necessarily subjective. The number of times topics were mentioned, relative to the number of respondents per question, was compared to determine the priority of topics. The relative priority of topics has also been compared across separate questions and cohorts.

Appendix 2 – questions and answers

Appendix 2 contains the response counts for each question and the number of times topics were raised by GPs in answer to the questions.

For EHR users: For what reasons did your practice start using insurance reporting software? Total responses: 68

	Theme	Mentions
1	Reduced workload	46
2	Software features	20
3	Unknown	11
4	Security	3
5	Financial	2
6	No paper / printing	3
7	Requests from insurers	2

For EHR users (multiple choice): What percentage of insurance reports does your practice complete using insurance reporting software? Total responses: 76

Multiple choice answers	Responses
1-25%	5
26-50%	8
51-75%	16
76-100%	27
Unknown	20

For EHR users: For reports that your practice completes without using an insurance reporting software, what are the reasons for this? Total responses: 65

	Themes	Mentions
1	Non-EHR request	18
2	Complex or non-standard requests	14
3	Unknown	14
4	Software issues	10
5	N/A – EHRs only	9
6	Not enough details in request	1
7	GP preference	1

For EHR users (multiple choice): What are the benefits to you and/or your practice of using insurance reporting software? Total responses: approximately 77

	Multiple choice answer	Responses
1	Speed	64 (83.1%)
2	Reduced administrative burden	61 (79.2%)
3	Ease of use	43 (55.8%)
4	Data security	37 (48.1%)
5	Redaction functionality	38 (49.4%)
6	Other	3 (3.9%)

For EHR users: How could the experience of EHR software be improved for general practice? Total responses: 53

	Themes	Mentions
1	Software improvements	25
2	Unknown	15
3	Insurer uptake	7
4	No changes needed	6
5	Price	1

For non-users: Please list the reasons why your practice has not started using insurance reporting software

Total responses: 147

	Theme	Mentions
1	Unaware or not considered using software	44
2	Unknown	38
3	Preference (misc)	19
4	Software issues	16
5	Lack of information	14
6	Cost and income	9
7	Workload	8
8	Low volume of reports	5
9	Low priority	3
10	Prison/military practice	2
11	Standardisation	1
12	Software not approved	1

For non-users: What problems do you see with insurance reporting software? Total responses: 144

	Theme	Mentions
1	Software issues	62
2	Unknown reasons	50
3	Workload	18
4	Cost and income	13
5	None	10
6	Standardisation	3
7	Lack of information	3
8	Low volume of reports	1
9	Software not approved	1
10	Status quo	1

For non-users: Please list what would need to change for you to start using insurance reporting software

Total responses: 143

	Themes	Mentions
1	More information	44
2	Address software issues	35
3	Price	16
4	Evidence required	13
5	Unknown	22
6	GP practice agreement	9
7	Approval of software	4
8	Nothing could change	5
9	Raising awareness	5
10	Other priorities	1
11	Increased volume	1
12	Indemnity against incomplete reports	1
13	Reduced implementation time	2
14	Use of an outsourcing company	1

For non-users: What, if any, are the benefits of not using insurance reporting software? Total responses: 148

	Theme	Mentions
1	Unknown	54
2	Human involvement	40
3	Income / affordability	16
4	No benefits	16
5	Workload	15
6	Status quo	4
7	Security	3
8	Standardised system	2
9	Unaware of software	1

Appendix 3 – data comparing turnaround time for paper reports vs EHRs

Turnaround time data was provided by Inuvi, a health data and insight company. Data was gathered as part of Inuvi's GP Reporting service, which manages the medical reporting process between insurers and general practice.

The sample size is in excess of 5,000 cases. This is a subset of the overall number of medical reports obtained from GPs by insurers and we cannot account for sampling bias.

The tables and graphs show a comparison between paper report vs EHR Turnaround Times over the course of a year, banded in average Calendar days. Average turnaround times are based on the end-to-end process time, from receipt of the instruction from the insurer to returning the completed report to the insurer. Reports are banded into months based on when the report was returned from the GP. The turnaround times are averaged across all completed cases in the given month.