Survey: U.S., Older Docs More Skeptical of Health IT

BY JANE ANDERSON

Physicians in eight countries agree that health information technology has the potential to improve clinical data and care coordination while reducing medical errors, according to a new survey.

However, physicians in the United States and doctors older than 50 voiced considerably more skepticism than did their younger and international colleagues about the technology's ability to improve care.

The survey, conducted by global consulting firm Accenture, exposed generational and geographic divides among physicians when it comes to their views on the benefits of health information technology (HIT). Physicians who haven't used the technology are most skeptical, but once they start to use HIT, they begin to see those benefits, said Frances Dare, a senior executive with Accenture Health.

"The value indicators from those [physicians] who have used the technology are very strong," meaning they think the technology can improve care and reduce costs, Ms. Dare said in an interview.

"It's not that physicians try it and don't like it and stop. We really do need to focus on physicians who haven't used these technologies; it's really getting across that first adoption hurdle," she explained.

Accenture surveyed 500 doctors per country in Australia, Canada, England, France, Germany, Spain, and the United States, along with 200 doctors in Singapore, in August and September 2011.

The researchers measured physicians' attitudes toward HIT, including whether they thought it would bring access to better-quality data, improved coordination, reductions in medical errors, and improved diagnostic decisions.

The survey found that nearly 71% of physicians in the eight countries surveyed think that HIT will improve data for clinical research, and 69% think it will improve coordination of care. About two-thirds think it will lead to a reduction in medical errors, and about 65% think it will lead to better health care decisions.

However, fewer than 50% of physicians think it will lead to less litigation, and fewer than 50% think it will lead to fewer unnecessary procedures or increased speed of access to health services for patients. Because HIT is frequently touted with promises of improved access and better coordination of care, this finding shows that physicians haven't fully bought into those promises, according to Accenture.

Finally, fewer than 40% of physicians in the eight countries are not certain that HIT will lead to improved patient outcomes.

Ms. Dare said that policy makers and companies involved in the HIT field have tended to focus on how the technology can reduce costs and unnecessary care, whereas this survey shows that physicians care more about how HIT can improve access to care and care coordination for patients. However, using HIT to improve care – which physicians want – ultimately will address cost issues as well, she said.

"If we say to physicians, 'This technology will allow you to better coordinate care' – if we speak to the benefits physicians care about – then we will get the benefits policy makers and industry care about, which are utilization and cost," Ms. Dare said.

Physicians who use HIT most frequently have the highest opinions of it, according to the survey.

Just 47% of U.S. physicians say that health care IT has improved the quality of treatment decisions, vs. 61% of physicians in all eight countries.

For example, more than 72% of physicians younger than age 50 say that electronic medical records and health information exchanges will improve care coordination, the survey found, whereas 73% think those technologies will offer better access to quality data for clinical research. Among older physicians, only 65% think research data will improve, and 68% think care coordination will improve, according to the survey.

Meanwhile, negative opinions about HIT are most pronounced among physicians in the United States, according to Accenture.

Fewer than half of all U.S. physicians surveyed said they believed that HIT would improve health care overall, compared with 59% of physicians in all eight countries.

In addition, only 45% of U.S. physicians believe that health information technology will improve diagnostic decisions, compared with 61% of all physicians surveyed, and just 47% of American physicians say that technology already has improved the quality of treatment decisions, compared with an average of 61% of physicians in all eight countries.

Only 45% of U.S. physicians believe that health information technology leads to improved outcomes, compared with 59% of all physicians.

The United States "is behind," Ms. Dare said. "We're … a decade late [in having] a national agenda to drive adoption and having a unified approach to drive adoption" of HIT. Still, Ms. Dare said she believes the United States can catch up quickly if more physicians begin to use HIT and see the benefits from it. ■

DOJ Bars Generic Drug Maker Ranbaxy, Citing Fraud

BY BRENDA SANDBURG

Generic drug manufacturer Ranbaxy Laboratories Ltd. will have to withdraw all drug applications that contain data generated at one of its facilities in India and relinquish 180-day marketing exclusivity for three pending abbreviated New Drug Applications under a consent decree for permanent injunction filed the U.S. Department of Justice.

The decree follows a lengthy investigation by the DOJ and the Food and Drug Administration that found numerous problems at three Ranbaxy facilities in India and one facility in Gloversville, N.Y.

According to the DOJ, the problems with Ranbaxy's drug manufacturing and testing include failure to keep records showing that drugs had been manufactured properly; failure to investigate evidence indicating that drugs did not meet their specifications; failure to adequately separate the manufacture of penicillin drugs from nonpenicillin drugs in order to prevent cross-contamination; lack of adequate procedures to prevent contamination of sterile drugs; and inadequate testing of drug to ensure that they maintained strength and effectiveness until their expiration date.

The government also said that Ranbaxy submitted false data in drug applications, including backdating tests and submitting test data for which no test samples existed.

The consent decree is unprecedented in its scope, according to DOJ officials.

"This action ... is groundbreaking in its international reach – it requires the company to make fundamental changes to its plants in both the United States and India," Assistant Attorney General Tony West said in a statement. "Submitting false data to the FDA in drug applications will not be tolerated."

Ranbaxy said in a statement that the consent decree would not affect the company's recently launched generic atorvastatin, because it is not manufactured in the facilities cited in the decree.

"Today's announcement is the next step in the process of finalizing our agreement with the FDA to resolve this legacy issue," according to Arun Sawhney, managing director of Ranbaxy Laboratories. "We are pleased with the progress we have made in upgrading and enhancing the quality of our business and manufacturing processes and remain committed to ensuring that all of our facilities and products meet the high standards that patients, prescribers, and the public have come to expect from Ranbaxy."

Ranbaxy announced earlier that it had entered into the consent decree with the FDA and had set aside $500 million to settle the related DOJ investigation. The consent decree itself does not mention the size of the settlement. ■

Brenda Sandburg is a reporter for "The Pink Sheet." This news organization and "The Pink Sheet" are owned by Elsevier.