

MDs Remain Wary of Comprehensive EHRs

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About 17% of U.S. physicians have electronic health records in their offices, but only 4% of those doctors have comprehensive systems, according to a survey of more than 2,700 physicians nationwide.

More physicians plan to purchase or implement the technology soon. For example, of the 83% of physicians without an EHR, 16% reported that their practice had purchased a system that had yet to be implemented. And 26% said that their practice was planning to purchase an EHR system in the next 2 years, according to a survey (N. Engl. J. Med. 2008;359:50-60).

"If these intentions are realized, we could see a good-sized increase in the number of physicians with an EHR over the next 3-5 years," Catherine DesRoches, Ph.D., the lead author of the study, said during a briefing to release the survey results. Dr. DesRoches is an assistant in health policy at the Institute for Health Policy at Massachusetts General Hospital in Boston.

The nationally representative survey was conducted between September 2007 and March 2008 by researchers at the Massachusetts General Hospital, Cornell University, and the George Washington University. The study was funded by the Office of the National Coordinator for Health Information Technology, part of the Health and Human Services department, and the Robert Wood Johnson Foundation. Some of the researchers reported receiving grant support from GE Healthcare, which markets EHRs.

The Office of the National Coordinator for Health Information Technology commissioned the survey to provide a definitive national estimate of EHR adoption by physicians in the United States.

The researchers randomly selected 4,484 eligible physicians from the American Medical Association's 2007 Physician Masterfile, of which 2,758 completed the survey. The survey found that 4% of physicians have a fully functional EHR. The researchers defined a fully functional EHR as one that includes the ability to write and send orders electronically, the ability to view lab results and images, and the abil-

ity to provide clinical decision support and reminders. In addition, about 13% of physicians reported having a basic EHR, which has electronic prescribing but lacks clinical decision support and certain order entry capabilities.

Physicians were more likely to report having a fully functional system if it was integrated with their hospital system, the survey found. In addition, adoption was more likely among physicians who practiced in large groups (at least 50 physicians) than among those who practiced in groups of 3 physicians or fewer.

About 93% of physicians who have implemented fully functional EHRs reported being satisfied with their systems, along with 88% of physicians with basic systems.

Capital costs were cited as barriers by 66% of physicians without an EHR. Other barriers noted by physicians without an EHR include finding a system that meets their needs (54%), concerns about the return on investment (50%), and worries that the system will become obsolete (44%).

But adoption could be improved by helping physicians purchase EHRs with loans or direct payments, and offering ad-

ditional payment for the use of a system, according to the survey. "We're not surprised by that, given their worries about the cost of the system," Dr. DesRoches said, noting: "This suggests that we might be able to significantly increase the rate of adoption by easing the financial burden on office-based providers. I think this is particularly true for providers in smaller one- and two-physician practices."

These types of incentives will be critical to increasing adoption, said Dr. Richard J. Baron, an internist in a five-physician community-based practice in Philadelphia that implemented an EHR in July 2004. While the use of the EHR has changed his practice for the better, Dr. Baron said the process of implementing the system was both disruptive and costly.

Not only did the practice spend more than \$40,000 per physician to purchase their EHR system but they are also spending \$60,000 annually for technical support. The practice also experienced a 2.5% absolute decrease in revenue in the year they implemented the system, said Dr. Baron, who recently became chair of the American Board of Internal Medicine. ■

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