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system, and help patients care for their chronic diseases.”

She took issue with the notion that consumer-driven health care plans will be disadvantageous to sick people.

“Quite the contrary. It will finally focus

Group Practices Continue to Use Paper Records

Most group practices are still using paper medical records and charts, according to preliminary results from a survey by the Medical Group Management Association.

“Paper is still the dominant mode of data collection,” William F. Jessee, M.D., president and CEO of the Medical Group Management Association (MGMA) said in a webcast sponsored by the group.

But the scale is tipping, he said. About 20% of group practices report that they have an electronic health record of some kind. In addition, 8% have a dictation and transcription system for physician notes, combined with a document imaging management system for information received on paper. “We’re seeing a steady movement toward a paperless office,” Dr. Jessee said.

The preliminary findings are based on responses from about 1,000 group practices that responded to an electronic questionnaire. The second stage of the survey will include mailing more than 16,000 printed questionnaires to a sample of group practices across the country. Complete results from the survey are expected this spring.

The survey is part of a contract from the Agency for Healthcare Research and Quality to MGMA’s Center for Research and the University of Minnesota. The purpose of the contract is to provide a baseline that describes the use of new information technologies in medical groups.

Some of the challenges physicians face in making the transition to an electronic health record include knowing which product to buy, how to go about buying it, and how to implement the system, said David Brailer, M.D., national health information technology coordinator for the Department of Health and Human Services.

“Many groups stumble at every point along the way,” Dr. Brailer said.

The private industry is working to create a voluntary certification process for electronic health record products.

The American Health Information Management Association, the Healthcare Information and Management Systems Society, and the National Alliance for Health Information Technology have formed a nonprofit group—the Certification Commission for Healthcare Information Technology—that is planning to pilot a first-step certification process this summer.

Dr. Brailer also plans to explore interoperability issues. It’s not enough to have every practice using an electronic health record, he said, they also have to be able to share data with other providers and institutions.

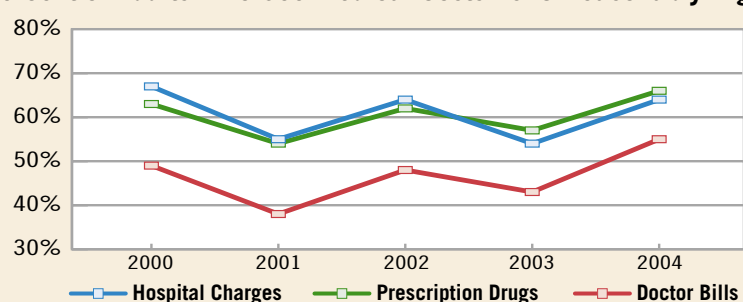
—Mary Ellen Schneider

attention on sick people. Right now it’s in the incentive of the insurers to get rid of sick people and not to pay people who treat sick people well. But if you go to a consumer-driven system with risk-adjusted prices, the sick will be very attractive kinds of entities.”

She also disputed the notion that only those who can afford high-cost plans will get the highest-quality health care. “In the car market, what is the best car in the U.S.? Toyota,” she said. “Is that the highest-cost car? Not by a long shot.” Instead, it’s the best-quality car “because that’s where all the money is. That’s the mass market.”

DATA WATCH

Percent of Adults Who See Medical Costs As ‘Unreasonably High’



Note: Based on a nationwide survey of 1,012 adults conducted Aug. 10-15, 2004.
Source: Harris Interactive

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