

Only 4% of Physicians Have Comprehensive EHR

BY MARY ELLEN SCHNEIDER
New York Bureau

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.

However, more physicians are planning to purchase or implement the technology soon. For example, of the 83% of physi-

cians 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

press 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. Previous estimates of adoption range from 9% to 29%, but most of the esti-

Choose **SEROQUEL** for bipolar depression

SEROQUEL is the only mood-stabilizing atypical approved to control the depressive symptoms of bipolar disorder^{1,2}

- SEROQUEL is approved for both the acute and maintenance treatment of bipolar depression*¹
- SEROQUEL stabilizes mood in both acute mania and bipolar depression¹
- As adjunct therapy, SEROQUEL helps maintain remission of depressive symptoms*³

*Maintenance therapy as adjunct to lithium or divalproex.

Important Safety Information for SEROQUEL, continued

- Hyperglycemia, in some cases extreme and associated with ketoacidosis, hyperosmolar coma, or death, has been reported in patients treated with atypical antipsychotics, including SEROQUEL. The relationship of atypical use and glucose abnormalities is complicated by the possibility of increased risk of diabetes in the schizophrenic population and the increasing incidence of diabetes in the general population. However, epidemiological studies suggest an increased risk of treatment-emergent, hyperglycemia-related adverse reactions in patients treated with atypical antipsychotics. Patients starting treatment with atypical antipsychotics who have or are at risk for diabetes should undergo fasting blood glucose testing at the beginning of and periodically during treatment. Patients who develop symptoms of hyperglycemia should also undergo fasting blood glucose testing
- A potentially fatal symptom complex, sometimes referred to as Neuroleptic Malignant Syndrome (NMS), has been reported in association with administration of antipsychotic drugs, including SEROQUEL. Rare cases of NMS have been reported with SEROQUEL. Clinical manifestations of NMS are hyperpyrexia, muscle rigidity, altered mental status, and evidence of autonomic instability (irregular pulse or blood pressure, tachycardia, diaphoresis, and cardiac dysrhythmia). Additional signs may include elevated creatine phosphokinase, myoglobinuria (rhabdomyolysis), and acute renal failure. The management of NMS should include immediate discontinuation of antipsychotic drugs
- Leukopenia, neutropenia, and agranulocytosis (including fatal cases), have been reported temporally related to atypical antipsychotics, including SEROQUEL. Patients with a pre-existing low white blood cell (WBC) count or a history of drug induced leukopenia/neutropenia should have their complete blood count monitored frequently during the first few months of therapy. In these patients, SEROQUEL should be discontinued at the first sign of a decline in WBC absent other causative factors. Patients with neutropenia should be carefully monitored, and SEROQUEL should be discontinued in any patient if the absolute neutrophil count is $< 1000/\text{mm}^3$
- Tardive dyskinesia (TD), a potentially irreversible syndrome of involuntary dyskinesic movements, may develop in patients treated with antipsychotic drugs. The risk of developing TD and the likelihood that it will become irreversible are believed to increase as the duration of treatment and total cumulative dose of antipsychotic drugs administered to the patient increase. TD may remit, partially or completely, if antipsychotic treatment is withdrawn. SEROQUEL should be prescribed in a manner that is most likely to minimize the occurrence of TD

Please see additional Important Safety Information on the adjacent pages, and Brief Summary, including Boxed Warnings, adjacent to this ad.

mates are based on small sample sizes or incomplete definitions of an EHR, according to the researchers.

The researchers randomly selected 4,484 eligible physicians from the American Medical Association's 2007 Physician Masterfile, of whom 2,758 completed the survey. They found that 4% of physicians have a fully functional EHR, which they defined as one that includes the ability to write and send orders electronically, the ability to view lab results and images, and the ability 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. For example, 71% of physicians who reported a fully functional EHR said that their system was integrated with their affiliated hospital system, compared with 56% among those physicians with a basic EHR system.

Adoption continues to be influenced by the size and setting of a practice. For example, the survey showed that adoption was more likely among physicians who practiced in large groups (at least 50 physi-

cians) than among those who practiced in groups of 3 physicians or fewer.

Most physicians who have adopted EHRs reported satisfaction with the system and positive effects on quality of care and communication. About 93% of physicians who have implemented fully functional EHRs reported being satisfied with their systems, along with 88% of physicians with basic systems.

Cost continues to slow adoption, the researchers found. 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%), con-

cerns about the return on investment (50%), and worries that the system will become obsolete (44%).

But adoption could be improved by helping physicians to purchase EHRs through loans or direct payments, and by offering additional 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.

"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," Dr. DesRoches said. ■



Important Safety Information for SEROQUEL, continued

- Warnings and Precautions also include the risk of orthostatic hypotension, cataracts, seizures, hyperlipidemia, and possibility of suicide attempts. Examination of the lens by methods adequate to detect cataract formation, such as slit lamp exam or other appropriately sensitive methods, is recommended at initiation of treatment or shortly thereafter, and at 6-month intervals during chronic treatment. The possibility of a suicide attempt is inherent in schizophrenia, and close supervision of high risk patients should accompany drug therapy
- The most commonly observed adverse reactions associated with the use of SEROQUEL versus placebo in clinical trials for schizophrenia and bipolar disorder were dry mouth (9%-44% vs 3%-13%), sedation (30% vs 8%), somnolence (18%-34% vs 7%-9%), dizziness (9%-18% vs 5%-7%), constipation (8%-10% vs 3%-5%), asthenia (5%-10% vs 3%-4%), abdominal pain (4%-7% vs 1%-3%), postural hypotension (4%-7% vs 1%-2%), pharyngitis (4%-6% vs 3%), weight gain (5%-6% vs 1%-3%), lethargy (5% vs 2%), nasal congestion (5% vs 3%), SGPT increased (5% vs 1%), and dyspepsia (5%-7% vs 1%-4%)
- In long-term clinical trials of quetiapine, hyperglycemia (fasting glucose \geq 126 mg/dL) was observed in 10.7% of patients receiving quetiapine (mean exposure 213 days) vs 4.6% in patients receiving placebo (mean exposure 152 days)

For bipolar disorder

References: 1. SEROQUEL Prescribing Information.
2. Data on file, DA-SER-51, AstraZeneca Pharmaceuticals LP.
3. Data on file, 263170, AstraZeneca Pharmaceuticals LP.

© 2008 AstraZeneca Pharmaceuticals LP. All rights reserved.
SEROQUEL is a registered trademark of the AstraZeneca group of companies.
263625 6/08 www.SEROQUEL.com

 **Seroquel**[®]
quetiapine fumarate
25 mg, 50 mg, 100 mg, 200 mg, 300 mg & 400 mg tablets

AstraZeneca 