

EHR Adopters Reveal Barriers to Implementation

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Contributing Writer

LOS ANGELES — Cost is the most frequently cited barrier to adoption of electronic health records, according to two surveys presented in posters at the annual meeting of the Society of General Internal Medicine.

Although electronic health records (EHRs) appear to increase the efficiency and quality of medical care, few studies have assessed how many ambulatory care practices in the United States use EHRs.

Dr. Steven Simon and his team at Harvard Medical School, Boston, conducted a survey of physicians, and Madeline

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McCarthy from Partners Healthcare System Inc., also in Boston, surveyed practice managers.

Both of the studies were done in Massachusetts in 2005, and both revealed barriers to making a smooth transition from paper-based record systems to EHRs.

Overall, 23% of physicians who responded to the Harvard survey used EHRs in their practices—most of them (58%) for at least the previous 3 years. A larger proportion of multispecialty practices (35%) than primary care practices (25%) were using EHRs. Larger practices (seven or more physicians) were more likely to adopt EHRs than were solo practices (57% vs. 15%). Hospital-based practices or those with computerized office systems were also more likely to use EHRs.

Barriers to adopting EHRs identified by survey respondents included start-up costs (75%), maintenance costs (72%), loss of productivity while learning (73%), lack of computer skills (57%), skepticism about benefits (54%), and privacy or security concerns (48%). Physicians who listed start-up costs and loss of productivity as reasons not to adopt EHRs were significantly less likely to use EHRs in their practices.

In Ms. McCarthy's study, 29% of practice managers reported using EHRs in their practices: 26% of primary-care-only and 28% of specialty-care-only practices had adopted EHRs, compared with 40% of multispecialty practices. As Dr. Simon's study found, small practices with fewer than seven physicians were significantly

less likely to have EHRs than were practices with more than seven physicians.

Practices that had computerized claims and/or billing systems, computerized scheduling systems, or computerized prescribing systems were significantly more likely to have also adopted EHRs than were practices without such systems.

Among practices in which EHRs allowed computerized retrieval of laboratory and radiology results, 88% of practices reported that a majority of their clinicians ac-

tively use these features. Also, survey responses showed that in 72% of practices with electronic decision support, the majority of clinicians actively use that feature.

The findings showed that among the practices that do not currently use EHRs, the majority plan to implement them within 3-5 years. Surprisingly, however, 37% of practices did not plan to establish EHRs in the foreseeable future. Cost was the most frequent (50%) reason given for not implementing EHRs.

Although both surveys were limited in that the study population was from a single state, they did target practices that varied widely in terms of number of physicians, specialties, hospital associations, and urban vs. rural location.

Overall, about 20%-30% of practices in Massachusetts have EHRs, but adoption rates are lower in smaller practices. Larger practices may have the money and staff expertise to overcome the financial and technical barriers. ■

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