Cost and Practice Size Limit Adoption of EHRs

BY JANE NEFF ROLLINS 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 published studies have assessed how many ambulatory care practices currently use EHRs.

Dr. Steven Simon and his team at Harvard Medical School, Boston, conducted a survey of physicians, and Madeline Mc-Carthy from Partners Healthcare System Inc., also in Boston, surveyed practice managers. Both studies were done in Massachusetts in 2005.

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 (35%) than primary care practices (25%) used 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

INDEX OF ADVERTISERS

Aldara	19-20
Berlex, Inc.	
Yaz	3-4
Mirena	26-28
Duramed Pharmaceuticals, Inc. (a subsidia Pharmaceuticals)	ary of Barr
Mircette	14a-14b
Enjuvia	22a-22d
Plan B	39-40
Esprit Pharma	
Estrasorb	30a-30b
FFF Enterprises Inc. Corporate	33
Ideal Image Development Corporation	
Ideal Image	12
Konwood Thoronoution	
Kenwood Therapeutics AnaMantle HC	13-14
LaserScope	
Gemini Laser System	21
Merck & Co., Inc.	
Gardasil	34a-34b
NTD Laboratories, Inc	
Ultra-Screen	41
P&G	
Fibersure	18
Di In-	
Pfizer Inc. Corporate	17
	17
Sanofi Pasteur Inc.	
ADACEL	7-10
Ther-Rx Corporation	
Clindesse	10a-10b
Wyeth Consumer Healthcare	
Corporate	29
Wyeth Pharmaceuticals Inc.	
WVELII FIIAIIIIACEULICAIS IIIC.	

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.

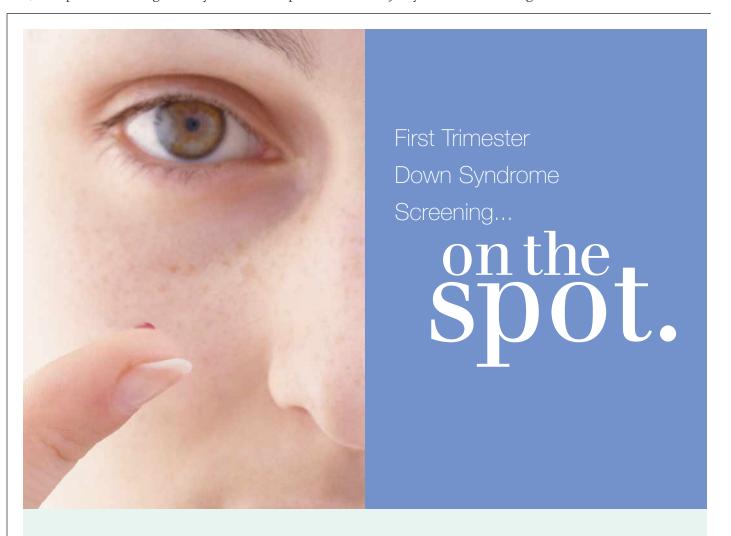
In Ms. McCarthy's study, 29% of practice managers reported using EHRs in their practices: 26% of primary-care-only and 28% of specialty-care-only practices had adopted EHRs, compared with 40% of multispecialty practices. In this study as well, small practices were significantly less

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 actively use these features, and in 72% of practices with electronic decision support, the majority of clinicians actively used 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, 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.



She deserves the earliest reassurance. So give it to her on the spot with Ultra-Screen® IRAsm (Instant Risk Asssessment). Ultra-Screen® IRAsm provides 91% detection with a false positive rate of 5%. Complete results are available as early as 11 weeks, 1 day. The IRAsm patient provides a dried blood sample as early as 9 weeks, which is then analyzed for two biochemical markers (free Beta hCG and PAPP-A).

The results are combined with a NT ultrasound evaluation at 11-14 weeks. Through a connection to NTD Labs' server, a combined risk result is obtained immediately at the time of the ultrasound examination. You or your genetic counselor can then provide counseling to your patient. The addition of Fetal Nasal Bone Assessment increases detection to 95% and lowers the false positive rate to only 2%. Ultra-Screen® IRAsm enables you to fully assess her risk during a single office visit.

So don't be second-guessed. Choose the only first trimester Down syndrome screening protocol validated by 18 studies and 2 NIH trials.

Tel: 1-888-NTD-LABS Email: info@ntdlabs.com www.ntdlabs.com

