

Feds Will Monitor EHR Adoption Gap Annually

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SAN DIEGO — Government strategies for health information technology will aid physicians by lowering the cost, improving the benefits, and lowering the risks, said David J. Brailer, M.D., Ph.D., national coordinator for health information technology, in a keynote address at the annual meeting of the American Health Lawyers Association.

Information technology "is a tectonic issue for physicians, one that separates old from young, progressive from Luddite, and those who want to be part of a performance-based future from those who want to practice the way they have for years," said Dr. Brailer of the Department of Health and Human Services, Washington.

"We're trying to be nonregulatory, to use a market-based approach, and that means we want to work with the willing. Surveys show that many physicians, at least half today, would do this if they could figure out how to do it," he said.

One barrier to adoption of electronic health records (EHRs) is the variety of products on the market. Certifying a basic, minimally featured EHR system will aid physicians in making rational purchasing decisions, Dr. Brailer said.

Another barrier to adoption of EHRs is the current lack of a sound business model. A "pay-as-you-go" financial model is not feasible, and financial incentives will be needed to accelerate the transition, Dr. Brailer said, without specifying any further details.

Large physician groups and hospitals are far ahead of small physician offices in adopting EHRs. According to Jodi Goldstein Daniel, a Department of Health and Human Services senior staff attorney on

health information technology issues who also spoke at the meeting, more than 50% of large practices have adopted EHRs. In contrast, a much smaller number of small practices, only 13%, have adopted them.

Dr. Brailer's office plans to monitor the adoption gap annually, to see whether it is closing, whether certified technologies are being used, and whether rural practices and other practices with special needs require some kind of safety net. ■

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