

Wanted: 40,000 more health IT professionals

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If the U.S. healthcare system moves toward wider adoption of advanced information technology systems to control health care costs, reduce medical errors and improve patient care, it will need at least 40,000 additional health IT professionals – or almost 40 percent more than U.S. hospitals now are estimated to employ.

That is the finding of an analytical report presented today, at a meeting on Capitol Hill of the Steering Committee on Telehealth and Healthcare Informatics, by William Hersh, M.D., professor and chair of the Department of Medical Informatics & Clinical Epidemiology at Oregon Health & Science University.

The meeting was moderated by U.S. Rep. David Wu, D-Ore., author of a bill, H.R. 1467, addressing the need to train more health IT professionals, which the House passed recently and that is awaiting consideration in the Senate. “I commend Dr. Hersh for his research on healthcare IT workforce issues. His findings further justify the need for my 10,000 Trained by 2010 Act, which provides funds for healthcare IT education. A workforce trained in healthcare IT is essential to bringing greater quality and efficiency to the healthcare industry.”

“The need for IT professionals in health information technology (HIT) settings is large and will increase as more advanced systems are implemented,” Hersh and co-author Adam Wright concluded in their report.

“If our data represent a correct sampling of the entire U.S., then the

current IT staff workforce is about 108,390 FTE (full-time equivalents). However, if the U.S. HIT agenda is fulfilled and hospitals move to higher levels of adoption, an additional 40,784 FTE will be required.”

That represents an increase of 37.6 percent over the current FTE total. This level of staffing, the report’s authors say, would bring U.S. hospitals up to the advanced level of HIT adoption that has been shown to be associated with quality improvements and cost savings.

“These findings also demonstrate the need to better understand and develop education and training for health IT professionals,” said Hersh, who directs OHSU’s educational programs in biomedical informatics. “In addition, further analysis must be done on other health IT professions, such as those who are biomedical informatics professionals as well as those who work in non-hospital settings.”

Extrapolating their findings to Oregon, Hersh and Wright determined that, even though Oregon has a higher rate of adoption electronic health record systems than the nation as a whole, the state’s healthcare providers would need an additional 302 IT staff beyond the 802 currently employed, a percentage increase identical to the national estimate, in order to advance to higher levels of adoption.

Hersh’s presentation took place in the House Science and Technology Committee hearing room in the Rayburn House Office Building. Wu is chairman of that committee’s Subcommittee on Technology and also honorary co-chair of the Steering Committee on Telehealth and Healthcare Informatics.

The report was based on an analysis of the HIMSS Analytics™ Database, the largest and most comprehensive data source of its kind, which contains information from about 5,000 U.S. hospitals. The database recently incorporated its EMR Adoption Model™, which

scores hospitals on eight stages of progress toward a paperless record environment. The study posits Stage 4 as an advanced level of HIT adoption. Stage 4 includes computerized physician order entry (CPOE) to avoid misinterpretation of handwritten prescriptions, for example, and other forms of clinical decision support that have been shown to be associated with improvements in the quality and safety of health care.

Many of the 4,929 hospitals for which an EMR Adoption Model score was available either did not respond to the question of what their IT FTE number was or reported that it was fewer than 5. That left 1,318 hospitals with 372,840 licensed beds or 49 percent of all licensed beds in the country. These had an overall IT staffing ratio of 0.142 IT FTE per hospital bed, or a total of 108,390 FTE. Stage 4 hospitals had a higher IT FTE ratio per bed (0.210), of course, than Stage 0 (0.082) where HIT applications were very limited. But, paradoxically, they also had a higher staff ratio than Stage 6 hospitals (0.196). The report did not have an explanation for this deviation. But they based their conclusion that healthcare systems would need 40,784 additional IT full time staff based on the Stage 6 ratio.

“Despite calls for wider use of health information technology (HIT) to improve health, health care, public health, and biomedical research, there are many barriers to its adoption,” wrote Hersh and Wright. “Although barriers of finance and implementation issues are most commonly discussed, less attention has been paid to the workforce required to develop, implement, train users of, and evaluate HIT applications.”

For the full text of the Hersh and Wright report, “Characterizing the Health Information Technology Workforce: Analysis from the HIMSS Analytics™ Database,” go to billhersh.info/hit-workforce-hersh.pdf

HIT systems, if widely adopted, hold the promise of revolutionizing U.S.

healthcare. It is widely believed that they would improve clinical decisions and thereby reduce medical errors and improve healthcare quality. All three major presidential contenders favor incentives to encourage a move away from the paper-based systems that still dominate in U.S. healthcare institutions.

Source: Oregon Health & Science University

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