

Study finds US hospitals extremely slow to adopt electronic health records, citing cost

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There is broad consensus that electronic health records (EHR) have the potential to improve the efficiency and effectiveness of healthcare providers. Yet, to date, there has been no reliable estimate of the prevalence of EHR use among U.S. hospitals. In a new study, researchers from the Harvard School of Public Health (HSPH), Massachusetts General Hospital and George Washington University found that less than 2% of surveyed hospitals had implemented comprehensive EHR; further, less than 8% had basic EHR in place. It is the first nationally representative study of the prevalence of EHR in hospitals.

The findings are significant as Congress and the Obama administration targeted \$19 billion in the federal [stimulus package](#) for improving adoption of health information technology such as [electronic health records](#). Many policy makers hope that the money will help doctors and hospitals adopt electronic records, which should help improve the quality and efficiency of the [healthcare system](#).

"This study suggests hospitals have a long way to go in achieving widespread EHR adoption and use" said Ashish Jha, associate professor of health policy and management at HSPH and lead author of the study. "The \$19 billion in the stimulus bill is really just a down payment for getting us to a healthcare system that is fully electronic and can deliver the kind of care Americans deserve."

The study appears on the [New England Journal of Medicine](#) website on March 25, 2009 as an Online First and will be published in the April 16,

2009 print edition.

The national survey, conducted in 2008, was sent to all acute-care hospitals that are members of the American [Hospital](#) Association; responses came from 2,952 hospitals, or approximately 63% of the membership. "Comprehensive" EHR was defined by an expert panel as having 24 functionalities—for example, physician notes, lab reports, medications—present in all major clinical units of a hospital. The criteria for "basic" EHR was having ten functionalities in at least one major clinical unit. The researchers hypothesized that large hospitals and major teaching hospitals would have a higher prevalence of EHR and public hospitals might have lower adoption rates, under the assumption that large institutions have greater access to the capital needed to buy and implement these expensive systems.

The results showed that 1.5% of U.S. hospitals had implemented a comprehensive EHR and an additional 7.6% had a basic EHR in place. Larger hospitals, major teaching hospitals and urban hospitals were more likely to have EHRs. Adoption rates of EHRs were similar between public and private institutions.

The most commonly cited barriers to adoption among hospitals without EHR were:

- inadequate capital for purchase (73%)
- concerns about maintenance costs (44%)
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resistance from physicians (36%)

- unclear return on investment (32%)
- lack of staff with adequate IT expertise (30%)

Hospitals with EHR cited physician resistance as a major barrier, but

were less likely to cite the other four as major barriers.

The lack of capital is a particularly difficult challenge for hospitals that wish to transition to an electronic record system. The systems can cost between \$20 million and \$200 million, a significant investment at a time when hospitals are facing severe economic challenges due to the current recession. However, there is ample evidence that if implemented effectively, EHRs can reduce medical errors, improve quality and make healthcare more efficient. "While EHRs alone won't fix all of the ills of the healthcare system, they are clearly a component of the broader effort to reduce costs and improve the quality of American healthcare," Jha said.

More information: "The Use of Electronic Health Records in U.S. Hospitals," Ashish K. Jha, Catherine M. DesRoches, Eric G. Campbell, Karen Donelan, Sowmya R. Rao, Timothy G. Ferris, Alexandra Shields, Sara Rosenbaum, David Blumenthal, New England Journal of Medicine, online March 25, 2009

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