

# US hospitals making only modest gains in adoption of electronic health records

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Transforming the U.S. health care system from paper-based to electronic-based may improve health care quality and reduce costs, but a new study by researchers from the Harvard School of Public Health (HSPH) suggests that goal is far off. The adoption of basic or comprehensive electronic health records (EHR) by U.S. hospitals increased modestly from 8.7% in 2008 to 11.9% in 2009, but only 2% of hospitals met the federal "meaningful use" standard needed to qualify for government financial incentives.

The researchers also found that smaller, rural, and [public hospitals](#) fell further behind their larger, private, and urban counterparts in adopting EHRs, further widening the gap between the two groups in receiving the benefits of health information technology.

The study appears August 26, 2010, in an advance online edition of *Health Affairs*.

"Getting hospitals to start using EHRs is critical," said lead author Ashish Jha, associate professor of Health Policy and Management.

"Paper-based [medical records](#) lead to hundreds of thousands of errors each year in American hospitals and probably contribute to the deaths of tens of thousands of Americans. This is not acceptable. There is overwhelming evidence that EHRs can help, yet the expense and the disruption that implementing these systems can cause has forced many hospitals to move slowly."

The researchers drew from a survey by the American [Hospital Association](#), which asked 4,493 acute-care non-federal hospitals about their health information technology efforts as of March 1, 2009; 3,101 (69%) responded. A representative from each hospital reported on the presence or absence of 32 clinical functions of an EHR and how widely they had been implemented throughout the hospital. Responses were statistically adjusted to balance for hospitals that did not respond.

They found that hospitals' adoption of basic or comprehensive EHR systems increased by 3.2% between 2008 and 2009. Based on the measures examined by the authors, only approximately 2% of U.S. hospitals described EHRs that would allow them to meet the criteria in the American Recovery and Reinvestment Act for "meaningful use," which doctors and hospitals must meet by 2012 in order to receive financial incentives through Medicare and Medicaid reimbursements. These meaningful use guidelines include 14 core functions, such as prescribing electronically and keeping an active medication list for patients.

Given the state of the economy at the time the survey was conducted, Jha is not surprised that adoption rates for EHR systems, which can cost tens of millions of dollars to purchase and implement, remain low. He notes that the government's financial incentives may go primarily to larger, academic hospitals, further widening an already large digital divide.

"The problem is that the bonuses that hospitals get for meeting meaningful use are front-loaded, meaning hospitals have to implement and use EHRs by 2012 in order to get the bulk of the incentives," Jha said. "This is an aggressive timeline, and many hospitals may not make it. If they miss out, it may be years before many of these hospitals will be able to afford to purchase and install their own EHR systems."

**More information:** "A Progress Report on Electronic Health Records in U.S. Hospitals," Ashish K. Jha, Catherine M. DesRoches, Peter D. Kralovec, Maulik S. Joshi, Health Affairs, online August 26, 2010.

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