

California physicians unprepared for electronic health record regulations: report

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(Medical Xpress) -- Electronic health records (EHRs) are used widely by California physicians, but many of their systems are not designed to meet new federal standards aimed at improving the quality of health care, according to a report from UCSF researchers.

While 71 percent of California [physicians](#) have an EHR system, only 30 percent have one with the functionalities needed to achieve “meaningful use” requirements from the Centers for Medicare and Medicaid Services' (CMS), the team reports. These requirements include, for example, the ability to communicate electronically with other [health](#) care providers, such as pharmacies, labs, other clinicians, and hospitals, to whom physicians refer patients.

Medicare payments to physicians will be reduced in 2015 if they do not meet these requirements.

The report, [available online](#), summarizes findings from a 2011 survey conducted by UCSF, in collaboration with the California Medical Board, for the California HealthCare Foundation and the California Department of Health Care Services.

EHRs capture patients' health information, such as medical history, allergies, laboratory test results, radiology images, and payment, in an electronic form that enables clinicians and other providers to access and share the information across medical specialties or facilities. Exchanging electronic records among physician practices and between physician

practices and hospitals can improve coordination of care because all providers can have access to the same information.

“We found that physicians are more likely to have [electronic health records](#) with functions that support individual patient visits rather than functions that support overall quality improvement,” said lead author Janet M. Coffman, PhD, assistant professor at the UCSF Philip R. Lee Institute for Health Policy Studies and UCSF Department of Family and Community Medicine.

For example, Coffman said that 61 percent of physicians have EHRs that enable them to record clinical notes electronically but only 45 percent have the capacity to generate routine reports of quality indicators, such as the percentage of patients with diabetes who receive recommended lab tests, foot exams, and eye exams.

The research team also found that the size of a physician’s practice is the strongest predictor of having an EHR. Physicians who practice in Kaiser Permanente, other large medical groups, the Department of Veteran Affairs, or the military are much more likely to have EHRs than physicians in smaller practices.

Federal regulations identify three categories of objectives aimed at achieving meaningful use of the technology: core objectives, such as the collection of basic medical information; menu objectives, such as submitting electronic immunization data to immunization registries; and electronic reporting on the quality of care. In 2011 and 2012, clinicians are required to report three quality measures: blood pressure, tobacco status, and adult weight status, as well as three additional clinical quality measures of the clinician’s choice.

To further increase the adoption and use of electronic health records, the federal government will provide incentive payments to hospitals and

providers that achieve meaningful use of the technology.

The Health Information Technology for Economic and Clinical Health (HITECH) Act incentive payments could total up to \$27 billion over 10 years, or as much as \$44,000 (through Medicare) and \$63,750 (through Medicaid, called Medi-Cal in California) per clinician. This funding also will provide the basis for the creation of a nationwide network of EHRs.

“The Medicare and Medicaid incentive payments will provide valuable resources to physician practices that do not yet have EHRs that will meet meaningful use standards,” said Coffman. “Medicaid payments especially are important since we found that community health centers, rural health clinics, and other practices that primarily serve Medicaid beneficiaries and uninsured persons are less likely to have EHRs. Many of these practices are struggling to keep their doors open. Medicaid incentive payments give these practices an opportunity to purchase EHRs.”

When fully implemented, EHRs can improve care in a variety of ways, said Coffman. “Reminder systems can alert physicians and other health professionals when patients are due for screening tests, and electronic prescribing systems can incorporate alerts to warn providers if they attempt to prescribe a non-standard dose of a medication or a medication to which a patient is allergic,” she said.

For the report, a questionnaire was sent to 10,353 physicians with MD degree license renewals that were due to the California Medical Board between June 1 and July 31, 2011. The questionnaire asked physicians if they had an EHR at their main practice location, and assessed eight of the 15 core objectives and four of the 10 menu objectives that CMS established for meaningful use of EHRs.

The survey was limited to the 7,931 physicians in the sample who

reported that they practiced in California and provided at least one hour of patient care per week; 5,384 of these physicians (68 percent) completed the survey.

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Provided by University of California, San Francisco

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