

US doctors slow to adopt electronic health records

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Despite incentives, just 1 in 6 uses the new technology, study finds.

(HealthDay)—Although doctors who are using electronic health records in a meaningful way are eligible for a \$44,000 bonus from the U.S. government, many still haven't adopted the new technology, a new study shows.

Overall, just one in six doctors has adopted electronic health records significantly enough to qualify for the bonus, the study found.

"These are the doctors that have attested to using the electronic health records. My guess is that more people are on the journey [to using electronic records] than have attested to it. But, there are still some physicians who haven't started using electronic health records at all," said the study's lead author, Adam Wright, a senior research scientist at

Brigham and Women's Hospital and an assistant professor of medicine at Harvard Medical School in Boston.

Doctors who aren't on board by 2015 will be subject to government penalties, the study authors noted.

In their study, Wright and his colleagues reviewed data from the Center for Medicare and Medicaid Services to see how many doctors had attested to "meaningful use" of electronic health records.

"Meaningful use" includes prescribing information; drug-to-drug interactions and drug allergy checking; the maintenance of a health problem; medication lists, and allergy lists, according to background information in the study, which was published as a letter in the Feb. 21 [New England Journal of Medicine](#).

As of May 2012, more than 62,000 doctors had attested to meaningful use. That translates to 12.2 percent of the eligible physicians in the United States. Just under 18 percent of primary care doctors attested to meaningful use of so-called e-records, while almost 10 percent of specialists had, the study found.

The authors said that while this indicates a rapid increase in the number of doctors using the new technology, if the adoption of electronic health records continues at the same pace, it's likely that many doctors will be subjected to fines for not having the technology in place by 2015.

Wright said one of the biggest barriers may be cost. "The incentive money helps, but it probably doesn't cover the whole cost," he said.

And, some physicians may be concerned about drops in productivity as a new system is implemented. "What we've seen is that when you first put it in, it does hinder productivity a bit as people get used to it. But, over

time, productivity picks back up and enables doctors to do a whole other realm of things they couldn't do before," Wright said.

Maureen Gaffney, chief medical information officer at Winthrop University Hospital in Mineola, N.Y., said doctors are definitely concerned about a possible drop in productivity, but the doctors at her hospital who've implemented electronic health records haven't reported any significant change in productivity. She said they had to work an additional 45 minutes to two hours a day for the first two weeks, but their working hours quickly returned to normal after that.

Gaffney's hospital has been providing significant support to its private-practice doctors, however. She said the hospital hired temporary workers to input basic information, such as drug allergies and medical conditions, so that the first time the physicians opened their electronic medical records, they already had pertinent information available to them.

Gaffney said another challenge to getting doctors on-board with electronic records is the wide spectrum of computer skills, from non-existent to highly proficient. She said some older doctors have said they're going to retire in the next couple of years, so they're just not going to change the way they practice.

Gaffney said these physicians don't necessarily see the benefits that can be gained from [electronic records](#). "The true benefit is the ability to exchange information in a real-time manner. Physicians can talk in near real time, and have immediate access to test results and lab results. Electronic health records improve communications and will expedite care for the patient," she said.

Both Gaffney and Wright said that electronic health records can more efficiently send reminders to patients when they need to come in for a physical or follow-up exam. [Doctors](#) can also look at their patients as

groups—for example, tracking how well type 2 diabetes patients are managing their blood sugar levels to decide if more education is needed.

The bottom line, Gaffney said, is that "e-records are a great tool. They lead to better documentation and better communication. But, they are not going to replace the human brain and critical thinking."

Both experts acknowledged that a significant concern that patients have about [electronic health](#) records is the privacy and security of those records.

"One thing that's really cool about electronic [health records](#) is that you can audit the file to see who has viewed the record. You couldn't do that with paper. Anyone could look at it. But, with [electronic health records](#), the system will challenge you if you shouldn't be in that record," Wright said.

More information: Learn more about electronic health records from the U.S government's [HealthIT.gov Web site](#).

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