

Electronic health record adoption uneven across US

June 28 2013, by Sharyn Alden



A new study in *Health Services Research* finds wide geographic variation in the adoption of electronic health records (EHRs) by ambulatory health care sites, ranging from a high of 88 percent to a low of just 8 percent.

At the state level, the EHR adoption rate for [ambulatory care](#) sites ranged from a low of 27 percent in New Jersey to a high of 65 percent in Minnesota. Within states, the variance in EHR adoption rates was at least 20 percentage points in nearly all states (46) and was at least 50 percentage points in a third of states (17). California, Illinois, and Missouri had the largest variations in adoption rates, while Delaware, the District of Columbia, and Wyoming had the smallest.

Electronic health records are expected to add to the quality, safety and

efficient delivery of health care but despite the passage of the Health Information Technology for Economic Health Act enacted in 2009 as part of the American Recovery and Reinvestment Act, which provided financial incentives for adoption, many [health care providers](#) still have not implemented digital records.

Jennifer King, Ph.D., chief of research and evaluation at the Office of the National Coordinator for Health Information Technology and lead author of the study, said that in 2011, when the study was conducted, there was a lower EHR adoption rate in underserved areas, including large metropolitan areas with high concentrations of minority and low income populations. But, she notes, "in small metropolitan and rural areas, on average, there were slightly higher EHR adoption rates."

To determine whether there was a "digital divide" emerging in traditionally underserved areas, the researchers gathered data from 261,973 ambulatory health care sites with 716,160 providers across 50 states and the District of Columbia. Health care sites studied ranged from small one-physician sites to large multi-physician practices.

They found that in 2011, 43 percent of providers at ambulatory health care centers used an EHR with the ability to prescribe medication electronically. Areas with high concentrations of minority and low income populations and large metropolitan areas were more likely than average to be in the lowest quartile of EHR adoption nationally.

The researchers note that efforts to promote EHR use should be targeted to areas where traditionally underserved populations live in order to avoid exacerbating existing health disparities.

Jocelyn G. DeWitt, Ph.D., chief information officer with University of Wisconsin Health, Madison said, "This study validates that the cost of EHR implementation is still prohibitive in many communities despite

efforts by the federal government to provide incentives. Attention needs to be paid to urban areas as much as rural communities for EHR adoption. It is incorrect to assume that urban clinicians have the resources to implement EHR."

DeWitt noted that since ambulatory care doctors in urban areas are less likely to adopt EHR than those in rural areas, it can be assumed that federal investments in both data infrastructures and EHR for rural regions is having a positive effect. But she added the study underscores the need for incentives for both urban and rural [health care](#) practices to implement and use EHR.

More information: [onlinelibrary.wiley.com/journal/111/\(ISSN\)1475-6773/](https://onlinelibrary.wiley.com/journal/111/(ISSN)1475-6773/)

Provided by Health Behavior News Service

Citation: Electronic health record adoption uneven across US (2013, June 28) retrieved 27 April 2024 from <https://medicalxpress.com/news/2013-06-electronic-health-uneven.html>

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