

Gap exists between vision for EMRs to improve care coordination and clinicians' experiences

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A gap exists between policy makers' expectations that current commercial electronic medical records (EMRs) can improve coordination of patient care and clinicians' real-world experiences with EMRs, according to a study by the Center for Studying Health System Change (HSC) published online in *The Journal of General Internal Medicine*.

Current commercial ambulatory care EMRs facilitate care coordination within a practice by making information available at the point of care but are less helpful for exchanging information across physician practices and care settings, according to the study supported by the Commonwealth Fund.

Clinicians identified many areas where both the design of EMRs might be altered, and office care processes modified, to improve EMRs' support for tasks involved in coordinating patient care, according to the study.

Additionally, while current commercial EMR design is driven by clinical documentation needs, there is a heavy emphasis on documentation to support billing rather than patient and provider needs related to [clinical management](#), the study found. And, current fee-for-service reimbursement encourages EMR use for documentation of billable events—office visits, procedures—and not for care coordination, which is not a billable activity.

"There's a real disconnect between policy makers' expectations that current commercial [electronic medical records](#) can improve care coordination and physicians' experiences with EMRs," said HSC Senior Researcher Ann S. O'Malley, M.D., M.P.H., coauthor of the study with HSC Senior Researcher Joy Grossman, Ph.D.; HSC Research Assistant Genna R. Cohen; former HSC Research Analyst Nicole M. Kemper, M.P.H., and HSC Senior

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The [Journal of General Internal Medicine](#) article, titled "Are Electronic Medical Records Helpful for Care Coordination? Experiences of Physician Practices," is based on a total of 60 interviews— 52 physicians and other staff at 26 small and medium-sized physician practices with commercial ambulatory EMRs in place for at least two years; chief medical officers at four EMR vendors; and four national thought leaders active in health information technology implementation.

"This work emphasizes that improving care coordination will not happen with technology alone," said Commonwealth Fund Vice President Anne-Marie Audet, M.D. "What is needed is a redesign of care processes and work flow; clinicians will also need to adopt new ways of working and communicating within practices and across organizations."

Other key study findings include:

- EMRs may have unintended consequences for care coordination, such as creating information overload that complicates providers' efforts to discern key clinical information. And managing information overflow from EMRs is a challenge for clinicians.
- Clinicians believe current EMRs have limited ability to capture dynamic planning and the medical decision-making process in a way that supports future coordination needs—present EMRs focus on linear (moment-in-time) documentation while care coordination is dynamic and ongoing.

- Maximizing the potential of an EMR for coordination involves ongoing evolution of clinical care processes as well as clinician input on EMR design modifications and standards for data exchange to support those processes.
- Modifying reimbursement to encourage coordination of care by clinicians will likely drive clinicians to demand better EMR functioning to support coordination.
- Simply creating incentives to adopt EMRs as they currently exist, given the confines of the current payment system, may result in EMRs being designed for billing purposes primarily rather than for clinical relevance to patients and care coordination.

Provided by Commonwealth Fund

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