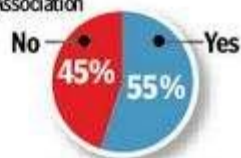


BARRIERS SLOW SWITCH TO ELECTRONIC MEDICAL RECORDS

Rural doctors electronic records survey, highlights

2010 figures, for Kentucky Medical Association

Does your practice or organization use an electronic health record system?



What are the barriers you perceive to (electronic health record) adoption? (Doctors can check more than one.)

▶ Lack of initial capital for software and training	12%
▶ Concern about loss of revenue during adoption period	7%
▶ Difficulty finding a system to meet practice's needs	10%
▶ Uncertainty of return on investment	8%
▶ Concern about system becoming obsolete	7%
▶ Concern about loss of productivity	12%
▶ Lack of adequate technical support within the practice	12%
▶ Lack of vendor or outside technical support	6%
▶ Concern about technical or computer skills of physician or staff	9%
▶ Concern about patient privacy protection	6%
▶ Concern about government or insurance influence	7%
▶ Other	3%

What benefits with impact or did impact your decision to implement an electronic health record? (Doctors can check the top five.)

▶ Monetary incentives for adoption	6%
▶ Increased communication and efficiency within the office	11%
▶ Increased communication with patients	4%
▶ Access to current patient data	10%
▶ Improved coding and accuracy	15%
▶ Reduced transcription costs	5%
▶ Improved workflow	11%
▶ Real-time interface with third-party payers	6%
▶ Real-time interface with hospitals, pharmacies, labs, etc.	6%
▶ Improved reimbursement	4%
▶ Quality reporting	4%
▶ Government/industry adoption of uniform certification standards	8%
▶ Enhanced legal protection for records use	5%
▶ Increased patient privacy protections	4%
▶ Other	1%

Note: The survey had a 95 percent confidence level with a 3 percent sampling error, meaning the survey results represent the average rural doctor with a 95 percent accuracy rate, officials said.

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Written by

Laura Ungar

Thousands of patient charts fill the shelves at Kaplan Barron Pediatric Group — “paper everywhere,” Dr. Emily Johnson says.

Electronic medical records could rein in the clutter, make charts more legible and better track care, she said, but the Bardstown Road practice isn't quite ready to take that step into the digital age.

“The main reason is financial. It's just so expensive,” she said of e-record systems, which can cost \$100,000 or more for small practices and millions of dollars for large practices and hospitals. “Also, we'd have to take time out of the day and do training. It would be expensive to learn this new thing.”

Those are common concerns about one of the biggest trends in health care, the push toward health information technology.

The Obama administration and many health professionals and experts cite e-records as a boon to medicine that will help reduce costs and make health care safer by avoiding such problems as duplicate medical tests and allergic reactions to medications.

The new health reform law includes \$20 billion in incentives for eligible doctors and hospitals with Medicare and Medicaid patients, and

penalizes physicians and hospitals accepting Medicare if they don't become “meaningful users” of electronic health systems, by meeting a list of requirements, in four years.

“In a complex world of practicing medicine...the computer can really assist. And it can speed things along,” said Dr. Mark Pfeifer, chief medical officer at University Hospital, which uses many digital information programs, although it's not yet paperless. “We're gonna be safer when we do paperless charts...It's gonna be better care and it's gonna be more effective care.”

But many doctors and hospital administrators say e-records are no panacea, and cite obstacles and problems, including cost and lost productivity. Doctors are also concerned that systems may become obsolete as technology changes and that they and their staffs won't have the technical skills to maintain the systems. Also, e-record systems from different organizations often can't “talk” or share

information, although Kentucky is ahead of most states in helping them do so through a health information exchange.

Still, experts say, older doctors who have used paper records for decades, busy rural doctors in areas without high-speed Internet service, and small hospitals with fewer resources are at the greatest disadvantage in the rush to go digital. And some observers are concerned that will exacerbate the gulf between big and small providers and urban and rural ones.

"That is a danger," said Catherine DesRoches, an assistant professor at Harvard Medical School who has studied the issue.

A Kentucky Medical Association survey of rural doctors last year found that 45 percent of them didn't have an e-record system, and about half of those physicians had no plans to get them. Some included comments in their responses, such as "Maybe we just don't like" electronic health records, "Current systems are poorly designed," and "No benefits perceived. Another government interference into my practice."

Federal aid available

Medicare incentive payments for hospitals, a base amount adjusted by the number of patients, can be in the millions, while payments to physicians are \$44,000 if a doctor qualifies in the first two years. Medicaid payments also are based on a formula for hospitals, and for qualifying doctors can be as much as \$63,750 over six years.

Hospitals and doctors can get the Medicaid incentive funds before implementing e-record systems as long as they have contracts with companies selling approved products. But they must have systems in place to get Medicare incentives, said Paige Franklin, vice president of information services for the Kentucky Hospital Association. Hospitals can get both Medicare and Medicaid payments, while doctors must choose one or the other.

There are no penalties through the Medicaid program, but eligible providers must be using systems by 2015 to avoid Medicare payment cuts.

"With the incentives and money," DesRoches said, "it benefits everyone to move forward." Several local hospitals and doctors are taking that advice to heart.

Dr. Steve Heilman, chief medical information officer for Norton Healthcare, said it has had e-records for years and recently got a new system for all the company's hospitals and doctors it employs. Officials at Baptist Hospital East said they may have electronic medical records by the fall, and Maria Russo, vice president and chief information officer for Jewish Hospital & St. Mary's HealthCare, said her hospital system is in the process of planning upgrades for its e-records system.

"I think electronic medical records are supremely important for achieving patient safety," Russo said, echoing Heilman

University Hospital's Pfeifer agrees, noting that e-record systems could, for example, prevent a patient from getting the wrong medication or dosage by improving legibility and streamlining the prescribing process. Computers also could send up red flags about potential drug interactions.

University of Louisville Physicians, a practice with nearly 600 doctors, cited such benefits when it began rolling out a new e-record system in February.

When completely operational, "I'll be able to document things more easily — and quicker, hopefully," said Dr. Phillip Bressoud, a U of L physician who is also executive director of Campus Health Services and associate professor of medicine at U of L.

He said the system includes a portal for secure e-mails between patients and doctors, allows for easier prescription refill requests and will eventually allow patients electronic access to their records. Doctors will also be able to get certain information, such as CT scan results, electronically from Louisville hospitals.

Bressoud acknowledged however, that while younger doctors in his practice welcome the change, older ones are much more skeptical.

"The longer you've been in practice," he said, "the harder it is to make the change."

Fear of going obsolete

A major obstacle to the wide adoption of e-records is that not all systems are tied together. But state officials said Kentucky's health information exchange, designed to help providers share information, is ahead of other states.

It has already paid out \$24 million in federal Medicaid incentives funneled through the state, about half of the incentive money paid out nationally. State officials said 32 organizations have signed agreements to be part of the exchange, and some are already using it to share information such as patient medical histories.

But even advocates acknowledge there are other issues.

And rural doctors and hospitals face particular challenges, according to DesRoches and others. They can get advice, training and other services through regional extension centers, and state officials say they are committed to helping them join Kentucky's health information exchange. But they still must come up with enough money to buy the systems, and find time to learn them with little or no backup to handle patients. Doctors said many small practices are in impoverished areas with doctor shortages and struggle to get by day-to-day.

In the KMA survey of rural doctors, the most frequently cited barriers to e-record adoption were lack of initial capital for software and training, concerns about loss of productivity and lack of technical support within the practice. Doctors also expressed uncertainty about getting a return on their investment and finding a system to meet the practice's needs.

Franklin, of the KHA, said hospital leaders are worried about potential changes to the health care law being debated in Washington, D.C. and what that might mean for federal incentives.

Not everyone is sure all the effort towards e-records is worth it.

Researchers at the Stanford University School of Medicine, publishing online in the Archives of Internal Medicine in January, found that electronic health records did little to improve the quality of health care from 2005 through 2007, even when used with software that gives doctors treatment tips for patients. The researchers analyzed nation-wide physician survey data from almost 250,000 patient visits.

"There's a lot of enthusiasm and money being invested in electronic health records," said Dr. Randall Stafford, the study's senior author. "It makes sense, but on the other hand it's an unproven proposition. When the federal government decides to invest in health care technology because it will improve the quality of care, that's not based on evidence."