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UPDATE ON ELECTRONIC HEALTH RECORDS

Recent actions by Congress have sparked a slight uptick in the adoption of electronic health records by physicians and hospitals. However, 7 out of every 8 hospitals and 6 of every 7 physicians still lack even a basic electronic record.

Incentives included in major legislation passed by the Obama administration have encouraged health care providers to enter the digital age over the past two years. Most recently, the administration has promulgated regulations defining what the "meaningful use" of electronic health records means for both hospitals and private physicians.

In light of these new regulations and incentives, researchers familiar with electronic health records sought to determine whether or not hospitals had experienced an up-tick in electronic record systems. The data came from the Annual Survey Health Information Technology Supplements conducted by the American Heart Association. Over three thousand acute care, nonfederal hospitals were surveyed each year during 2008 and 2009.

The investigators sought to determine the prevalence of electronic health records (EHRs) - subdivided as either basic or comprehensive - in American hospitals. Basic EHRs perform a set of ten clinical functions and are deployed in at least one hospital unit. By contrast, comprehensive EHRs execute twenty-four clinical functions and are deployed in all hospital units.

During the time from 2008 to 2009, hospitals across the country increased their use of electronic health records. Hospitals increased their use of basic EHRs from a baseline of 7.2 percent to 9.2 percent. Those hospitals with comprehensive EHRs increased from 1.5 percent to 2.7 percent. Ultimately, by 2009, 11.9 percent of hospitals had some type of electronic health record implemented.

Of the electronic health records already implemented, most allow for the viewing of results (lab reports, 82 percent; radiology images, 83 percent; radiology reports, 85 percent) or offer assistance with medications (medication lists, 66 percent; drug allergy alerts, 63 percent; drug interactions, 63 percent).

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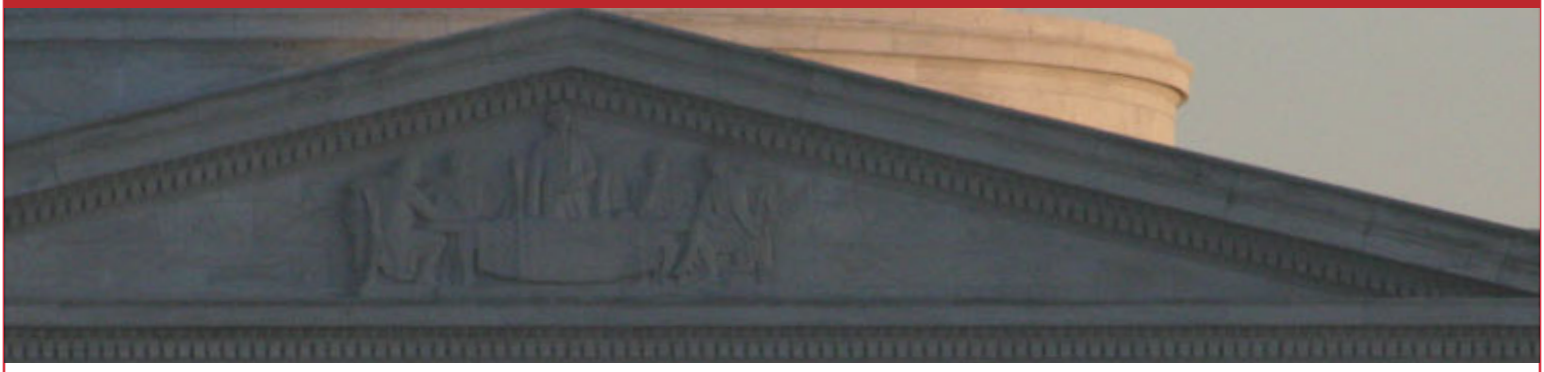

Jha, AK, DesRoches, CM, Kralovec, PD, et al. "A progress report on electronic health records in U.S. hospitals". Health Affairs. 2010; 29 (10): 1951-1957.

Core functions for EHRS

- record of patient demographics
- record of vital signs
- maintain up-to-date problem lists of current diagnosis
- maintain active allergy lists
- record smoking status
- provide patients clinical summaries of each office visit (discharge summaries for hospitals)
- provide patients electronic copies of their health information
- computer provider order entry for medications
- create and transmit prescriptions electronically
- drug-drug and drug-allergy checks
- electronic exchange of key information between providers
- at least one clinical decision support rule
- protecting privacy and security of patient data
- reporting quality measures

Certain hospitals are more likely than others to have an electronic health record. Compared to larger hospitals, small-, medium-sized, and critical access hospitals are significantly less likely to have EHRs. Public hospitals, non-teaching hospitals, and rural hospitals are also less likely to have EHRs compared to their counterparts.

The authors of this study also sought to determine how well current electronic health record systems would fare if held to the challenge of meeting the government's new "meaningful use" criteria. While the survey instrument did not explicitly ask about all of the criteria, 9 of the 15 core criteria were surveyed. Only 2.1 percent of the hospitals with electronic health records would satisfy all nine of those criteria. Meaningful use regulations also require users to choose 5 from a menu of 12 optional criteria. Of the 3 menu criteria available for the current survey, 34 percent of EHRs could comply.

Commentary

As we have detailed multiple times before, the American health care system lags behind other industries in its investments in information technology. Prior studies indicated that only about 13 percent of physicians have electronic health records (EHRs). This study suggests that only about 12 percent of hospitals have EHRs.

Over the next two years financial incentives should help to improve the adoption of information technology in health care. Improvements in quality can be expected as a result.

In the year 2015, incentives will turn to penalties. Health care providers that are not using EHRs will see reductions in their payments from the Medicare program.

Incentives and penalties imposed by large health insurers such as Medicare (47 million patients) can have profound impact on the behavior of clinicians. Other large private insurers should adopt similar, if not the same, stance as the Medicare program to help spur the adoption of EHRs.

Ultimately, it would be ideal if all electronic records in the nation were interoperable and accessible anywhere and anytime as a single, universal medical record. While privacy concerns have certainly limited the concept of the universal record, other countries do this already and Americans do it with their banking information every day.