

Most Groups Continue to Use Paper Records

BY MARY ELLEN SCHNEIDER
Senior Writer

Most group practices are still using paper medical records and charts, according to preliminary results from a survey by the Medical Group Management Association.

"Paper is still the dominant mode of data collection," William F. Jessee, M.D., president and CEO of the Medical Group Management Association (MGMA) said in a Webcast sponsored by the group.

But the scale is tipping, he said. About 20% of group practices report that they have an electronic health record of some kind. In addition, 8% have a dictation and transcription system for physician notes, combined with a document imaging man-

agement system for information received on paper. "We're seeing a steady movement toward a paperless office," Dr. Jessee said.

The preliminary findings are based on responses from about 1,000 group practices that responded to an electronic questionnaire. The second stage of the survey will include mailing more than 16,000 printed questionnaires to a sample of group practices across the country. Complete results from the survey are expected this spring.

The survey is part of a contract from the Agency for Healthcare Research and Quality to MGMA's Center for Research and the University of Minnesota. The purpose of the contract is to provide a baseline that describes the use of new information technologies in medical groups.

Some of the challenges physicians face in making the transition to an electronic health record include knowing which product to buy, how to go about buying it, and how to implement the system, said David

Brailer, M.D., national health information technology coordinator for the Department of Health and Human Services.

The private industry is working to create a voluntary certification process for electronic health record products.

Dr. Brailer also plans to explore interoperability issues. It's not enough to have every practice using an electronic health record, he said, they also have to be able to share data with other providers and institutions. ■

INDEX OF ADVERTISERS

Akron Children's Hospital Corporate	45
Alcon Laboratories, Inc. VIGAMOX CIPRODEX	15-16 39-40
Astellas Pharma US, Inc. Protopic Corporate	9-10 37
Bayer HealthCare LLC Fintstones	19
Biersdorf Inc. Aquaphor/Eucerin	17
ChesterValley Pharmaceuticals Corporate Atopiclair	30 55
Daiichi Pharmaceutical Corporation Floxin	32-34
Dermik Laboratories BenzaClin	40a-40b
Galderma Laboratories, L.P. Differin Cetaphil	24a-24b 29, 31
Genzyme Corporation Lysosomal Storage Disorders	42-43
GlaxoSmithKline Boostrix	57-58
McNeil Consumer & Specialty Pharmaceuticals Concerta	12a-12b
Merck & Co., Inc. Corporate	52a-52b
Merz Pharmaceuticals, LLC Mederma	59
Novartis Pharmaceuticals Corporation Focalin XR	3-4
OrthoNeutrogena Centany Retin-A Micro	35-36 51-52
Parent Magic 123 Parenting Guide	14
PEDINOL Pharmacal, Inc. Gris-PEG	27-28
Pfizer Inc. Desitin	26
Sanofi Aventis DDAVP	49-50
Sanofi Pasteur Inc. Pertussis ActHIB	20-21 63-64
Shire US Inc. Adderall XR	61-62
Stiefel Laboratories, Inc. Brevoxyl Duac	5-6 47-48
TAP Pharmaceuticals Inc. PREVACID	22-24
Taro Pharmaceuticals U.S.A., Inc. Ovide	11-12

NOW INDICATED FOR ADULTS

In the treatment of ADHD...

AIM HIGHER

With efficacy that goes beyond adequate symptom control— to help them reach new heights

*Max—
setting his sights
on astronomy*

- Reduces symptoms to a level comparable to that of non-ADHD children¹
- Effectively addresses the core impairments of ADHD—inattention, hyperactivity, and impulsivity²
- Once-daily dosing provides day-long improvement in academic productivity and social functioning^{3,4}

Please see references and brief summary of prescribing information on adjacent page.

www.ADDERALLXR.com
www.ADHDSupportCompany.com

Shire US Inc.
...your ADHD support company™
1-800-628-2088



©2004 Shire US Inc., Newport, Kentucky 41071 October 2004 AXJA350

ONE DOSE DAILY

ADDERALL XR®

5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg CAPSULES
(Mixed Salts of a Single-Entity Amphetamine Product)
Dextroamphetamine Sulfate Dextroamphetamine Saccharate
Amphetamine Aspartate Monohydrate Amphetamine Sulfate

Reach new heights

The most common adverse events in pediatric trials included loss of appetite, insomnia, abdominal pain, and emotional lability. The most common adverse events in the adult trial included dry mouth, loss of appetite, insomnia, headache, and weight loss.

The effectiveness of ADDERALL XR for long-term use has not been systematically evaluated in controlled trials. As with other psychostimulants indicated for ADHD, there is a potential for exacerbating motor and phonic tics and Tourette's syndrome. A side effect seen with the amphetamine class is psychosis. Caution also should be exercised in patients with a history of psychosis.

Abuse of amphetamines may lead to dependence. Misuse of amphetamines may cause sudden death and serious cardiovascular adverse events. ADDERALL XR generally should not be used in children or adults with structural cardiac abnormalities. ADDERALL XR is contraindicated in patients with symptomatic cardiovascular disease, moderate to severe hypertension, hyperthyroidism and glaucoma, known hypersensitivity to this class of compounds, agitated states, history of drug abuse, or current or recent use of MAO inhibitors. ADDERALL XR should be prescribed with close physician supervision.