EMR Adoption Continues to Be the Exception

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SEATTLE — Only a quarter of physicians keep medical records electronically, and only 11% of hospitals have fully implemented them, according to Dr. Karen M. Bell, director of the federal government's Office of Health IT Adoption.

In addition, of the electronic record systems in use, probably less than half are fully operational, that is, able to take notes, make lab and pharmacy orders, and get lab results, Dr. Bell said at the annual meeting of the American Geriatrics Society. "The reality of it is that adoption of really good functionality is really very low," she said.

Barriers to widespread adoption continue to be the lack of good, accepted computer applications, and the time and cost, Dr. Bell said. While it is thought that the use of electronic health records eventually would result in financial savings, start-up costs continue to be prohibitive, she said.

The cost to get every record interface—every office, laboratory, pharmacy, etc.—up to speed with appropriate software and hardware may be $5,000 for each one, and for the nation as a whole it may cost $50 billion, Dr. Bell said.

At the same time, those who are using electronic medical records are finding that they are not exactly time saving. In part, that is because there is a learning curve involved. The records also generally require more information than what went into records previously, as part of an effort to improve and ensure quality.

The government currently has public policy advisory committees to encourage more adoption and to deal with privacy issues—significant challenges, Dr. Bell said.

In the meantime, her office is continuing to develop an exact definition of what is going to be needed in an electronic health record, she added. "There are no standard definitions for any of this stuff."

Added Challenge for LTC

Other speakers at the meeting described the significant hardship they went through acquiring a system, specifically for geriatrics. The electronic health record industry and its products are geared to the acute care environment, and when they can be used for a facility that cares for older persons, they need to be modified significantly, the speakers said.

"As I was trying to figure out which electronic health records system we would use for geriatrics, I really ran into a lot of roadblocks," said Dr. Irene Hamrick of the division of geriatrics at East Carolina University, Greenville, N.C. "There really is nothing out there that is very good."

Dr. Hamrick's institution finally chose General Electric Company's Centricity system because it can be used in many locations, such as the home for health care visits.

But the institution found that it needed to tailor the Centricity system for specific geriatric needs. For example records were added of diet and activities of daily living. In addition, the physical exam form was changed to include sections for foot and mental status exams.

"Very little out-of-the-box software is user friendly for geriatrics," Dr. Hamrick said.

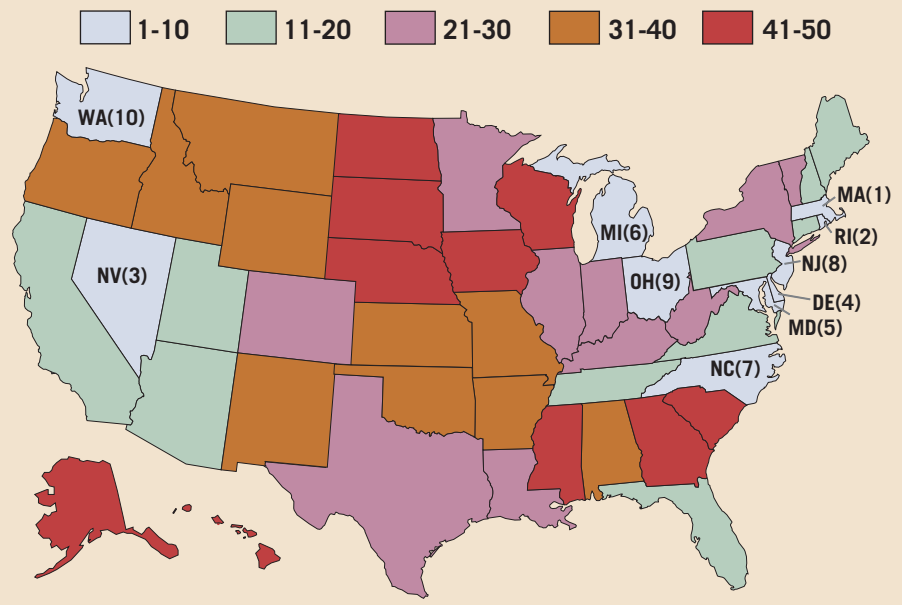
"None is totally acceptable to my mind. If you want to use them, you have to adapt them," Dr. Hamrick said.

When the Gurwin Jewish Geriatric Center of Commack, N.Y., began to look for an electronic medical record system, the institution had no idea it would take so long to find and implement one, said Dr. Suzanne Fields, the medical director. The center found that there are Web sites (such as www.providersedge.com/ehr_links_products_services.htm) that can help one find a system, and that the American Academy of Family Practice has a rating form that one can send to vendors to get information on their systems for comparison.

And the center found several products for long-term care. But the center has both outpatient day care and clinics, and inpatient beds, and none of the products adequately accommodated both, Dr. Fields said.

They, too, found that they had to adapt a system to their needs. In the end, the center combined two products: One for long-term care and another for physician care. The system is not yet up and running. "It has to be individualized," she said. "That's what I didn't realize." ■

DATA WATCH



Note: States ranking based on the percentage of prescriptions routed electronically in 2006.
Source: SureScripts

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