

# Cost and Practice Size Limit Adoption of EHRs

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LOS ANGELES — Cost is the most frequently cited barrier to adoption of electronic health records, according to two surveys presented in posters at the annual meeting of the Society of General Internal Medicine.

Although electronic health records (EHRs) appear to increase the efficiency and quality of medical care, few published studies have assessed how many ambulatory care practices currently use EHRs.

Dr. Steven Simon and his team at Harvard Medical School, Boston, conducted a survey of physicians, and Madeline McCarthy from Partners Healthcare System Inc., also in Boston, surveyed practice managers. Both studies were done in Massachusetts in 2005.

Overall, 23% of physicians who responded to the Harvard survey used EHRs in their practices—most of them (58%) for at least the previous 3 years. A larger proportion of multispecialty (35%) than primary care practices (25%) used EHRs.

Larger practices (seven or more physicians) were more likely to adopt EHRs than were solo practices (57% vs. 15%). Hospital-based practices or those with computerized office systems were also more likely to use EHRs.

Barriers to adopting EHRs identified by survey respondents included start-up costs (75%), maintenance costs (72%), loss of productivity while learning (73%), lack of computer skills (57%), skepticism about

benefits (54%), and privacy or security concerns (48%). Physicians who listed start-up costs and loss of productivity as reasons not to adopt EHRs were significantly less likely to use EHRs in their practices.

In Ms. McCarthy's study, 29% of practice managers reported using EHRs in their practices: 26% of primary-care-only and 28% of specialty-care-only practices had adopted EHRs, compared with 40% of multispecialty practices. In this study as well, small practices were significantly less

likely to have EHRs than were practices with more than seven physicians.

Practices that had computerized claims and/or billing systems, computerized scheduling systems, or computerized prescribing systems were significantly more likely to have also adopted EHRs than were practices without such systems.

Among practices in which EHRs allowed computerized retrieval of laboratory and radiology results, 88% of practices reported that a majority of their

clinicians actively use these features, and in 72% of practices with electronic decision support, the majority of clinicians actively used that feature.

The findings showed that among the practices that do not currently use EHRs, the majority plan to implement them within 3-5 years. Surprisingly, 37% of practices did not plan to establish EHRs in the foreseeable future. Cost was the most frequent (50%) reason given for not implementing EHRs. ■

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