

Washington State Health Care Authority
Health Information Infrastructure Advisory Board (HIIAB II)
Expert Panel Presentations Summary
EMR Adoption

HIIAB II: Summary of EHR Adoption Information

This document is a summary of the information about EHR adoption, including the three presentations to the HIIAB on July 30, 2008:

1. David Blumenthal, MD, MPP and Catherine DesRoches, DrPH: EMRs in Ambulatory Care - A National Survey of Physicians. (From a recent article in New England Journal of Medicine [NEJM])
2. Joy Grossman, PhD: Recent Trends in Adoption and Use of IT in Physician Practices.
3. Suzie Burke-Bebee, MSIS, MS, RN and Aparna Higgins, MA: Assessing EMR Adoption & Implementation in Physician Small Office Settings.

I. Functional Definition of EHR

Basic: Demographics, problem list, medications, clinical notes, prescription orders entered electronically (but not sent), view lab/imaging results.

Full: Basic plus history & follow-up notes, orders for lab/radiology/prescriptions (entered & sent electronically), view images, decision support for drug interactions/lab values/guidelines.

II. Current Adoption Rates

Nationwide: 4% fully functional; additional 13% basic (NEJM)

Washington state: probably higher (may be as high as 50%) [local estimates]

III. Synthesis of Adoption Barriers (% of those who have not adopted - NEJM)

The barriers to EHR adoption generally fall into three classes:

- A. Financial - provider business case not good
 1. Lack of capital (67%)
 2. Uncertainty of ROI (51%)
 3. Loss of productivity (41%)
 4. Fear of obsolescence (45%)
 5. Illegal tampering/hacking (19%)
 6. Inappropriate disclosure of patient information (18%)
 7. Increased patient access liability (15%)
 8. Legality of hospital donation (11%)
 9. Maintenance costs

- B. Technical - providers cannot easily get the assistance they need for installation and ongoing operations.
 - 1. Finding right product (54%)
 - 2. Capacity to implement (39%)
 - 3. e-prescribing communications
 - 4. Meeting technical/clinical requirements/usability
 - 5. Lack of uniform standards (including terminologies)
 - 6. Migration issues
 - 7. Concern over the technical ability to use an HER

- C. Practice - providers need assistance with redesigning workflow to take advantage of EHRs and ensure that the quality and efficiency potential is realized.
 - 1. Physician Resistance (29%)
 - 2. Lack of physician "champion"
 - 3. Variations in quality reporting requirements
 - 4. Lack of interoperability reduces value for care coordination
 - 5. Lack of training
 - 6. Lack of support
 - 7. Lack of time
 - 8. Complex contracts
 - 9. Mistrust of vendors

IV. Facilitators of Adoption (% of physicians - NEJM)

- A. Monetary incentives (82%)
- B. Additional payment (82%)
- C. Legal physician protection (80%)
- D. Published certification standards (71%)
- E. Legal liability for not using technology (55%)

V. Relationship to Governor's Five-Point Health Care Reform Strategy

- 1. Increase the use of evidence-based medicine
- 2. Better manage chronic illness
- 3. Bring our health care system into the 21st century (health IT)
- 4. Wellness and personal responsibility
- 5. Build more transparency into our system