

Electronic Health Records: Benefits for Medical Practices

In a Nutshell: Why Electronic Health Records?

EHRs and the ability to exchange health information electronically can help clinicians provide higher quality and safer care for their patients and create tangible enhancements for their practices. By adopting certified electronic health records¹ in a meaningful way, clinicians can know more about their patients, make better decisions, and save money. Other benefits include:

- Quick access to patient records from inpatient and remote locations for more coordinated, efficient care
- Interface with labs, registries, other EHRs and Health Information Exchanges (HIEs)
- Safer, more reliable prescribing
- Legible, complete documentation that facilitates accurate coding and billing
- Enhanced privacy and security of patient data with
- Enhanced decision support with clinical alerts, reminders, and medical information

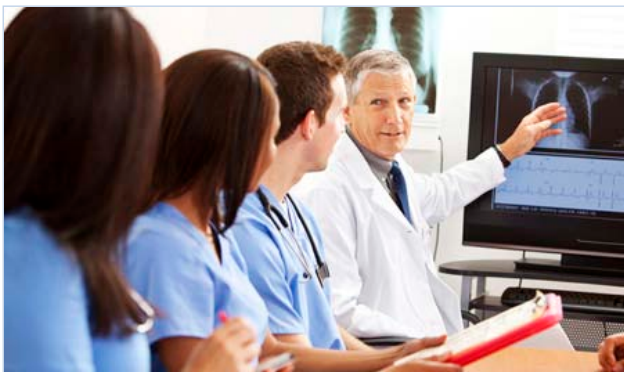
“Working with health IT made me a better and safer physician. Most importantly, my patients received better, safer care and improved outcomes.”

— David Blumenthal, M.D., M.P.P., National Coordinator for Health IT

Better-Informed Clinical Decisions

When all patient information is in one place, physicians can make well-informed treatment decisions quickly and safely:

- 97% reported that EHRs contributed to timely access to medical records and 82% reported that EHRs positively affected the quality of clinical decisions.²
- 80% reported that EHRs averted a known drug allergic reaction, and 71% avoided a potentially dangerous drug interaction.²
- By increasing adherence to guideline- or protocol-based care, delivery improvements ranged from absolute increases of 5 to 66 percentage points, with most clustering in the range of 12 to 20 percentage points.³



Improved Care Coordination and Communication

One in seven hospitalizations results from missing clinical information.⁴ Ready access to a comprehensive patient record allows the physician to effectively coordinate care and communicate with patients. Physicians using fully functional EHRs have reported the following benefits:

- Six months after EHR implementation, 72.4% reported being in agreement on treatment goals and plans with other involved clinicians, compared to 56% of clinicians without EHRs.⁵
- 72% reported that EHRs positively affected communication with patients.²
- Gradual EHR implementation resulted in maintaining positive patient-physician relationships and fostering the sharing of medical information.⁶

Why EHRs Now?

Though the initial costs and implementation challenges are considerable, delaying implementation today may create additional resource drains tomorrow. The availability of an EHR may soon be a “minimum standard” for new physicians, public and private payers and patients.

- The 2009 Future Physicians of America survey found that 90% of medical students consider it important or very important to have an EHR where they choose to practice.⁷
- EHRs are an essential component of reform related efforts such as the Patient Centered Medical Home (PCMH). Practices that do not meet meaningful use criteria will face Medicare penalties in 2015.
- A certified, operating EHR will be essential to participation in both the public and private pay for performance programs expected in the future.
- 42% of consumers are interested in establishing an online connection to their physician through a personal health record and 55% of consumers want the ability to communicate online with physicians.⁸
- IL-HITREC was established explicitly to assist health care providers in Illinois modernize their practices with certified EHRs.

Potential for Long-Term Savings

While EHRs do require upfront investment for the technology and training, a fully functional, EHR system can lead to long-term savings in a variety of areas. Although the evidence is anecdotal at this point, physicians report:

- Time savings from reduced chart chasing, chart storage, transcribing, and phone conversations with labs or pharmacies
- Improved accuracy in coding and a decreased reporting burden.

“The sooner physicians start using an EHR, the sooner they and their patients will realize its benefits – the ability to share patient data with colleagues and patients, the ability to retrieve old data effortlessly, the ability to access patient records remotely, so they answer patient questions intelligently from home, or even from a medical meeting.”

- David Blumenthal, M.D., M.P.P., National Coordinator for Health IT

Help Is Available!

- The federal government is committing unprecedented resources to support the adoption and use of certified EHRs. Between the strong national push for certified EHR adoption and the CMS incentive payments, there has never been a better time to take action:
- Eligible professionals can receive as much as \$44,000 over a five-year period through Medicare.
- For Medicaid, eligible professionals can receive as much as \$63,750 over six years.
- For more information, visit <http://www.cms.gov/EHRIncentivePrograms/>

But resources for implementation assistance are limited.

As providers rush to take advantage of time-limited incentives, vendor capacity will likely become strained and some may overbook. As the REC for Illinois, outside the City of Chicago, we provide a trusted resource and advisor dedicated to helping all providers understand and take full advantage of this window of opportunity to realize the benefits of health IT and meaningful use.

To determine if you qualify for these services, please visit our website (www.ilhitrec.org) and complete our Qualification Survey, located on the Home Page. An IL-HITREC representative will contact you to discuss the next steps.

¹ As certified by an ONC-Authorized Testing and Certification Bodies (ONC-ATCBs). ² DesRoches CM, et al. “Electronic Health Records in Ambulatory Care – A National Survey of Physicians.” *New England Journal of Medicine*, 2008.

³ Chaudry B, et al. “Systematic Review: Impact of Health Information Technology on Quality, Efficiency, and Costs of Medical Care.” *Annals of Internal Medicine*, 2006.

⁴ Smith PC, et al. “Missing clinical information during primary care visits.” *Journal of the American Medical Association*. 2005.

⁵ Graetz I, et al. “Care Coordination and Electronic Health Records: Connecting Clinicians.” *American Medical Informatics Association 2009 Symposium Proceedings*, 2009.

⁶ Shield R, et al. “Gradual Electronic Health Record Implementation: New Insights on Physician and Patient Adaptation.” *Annals of Family Medicine*, 2010.

⁷ Epocrates. “4th Annual Future Physicians of America.” www.epocrates.com, 2009.

⁸ Keckley P, Eselius L. “2009 Survey of Health Care Consumers: Key Findings, Strategic Implications.” *Deloitte Center for Health Solutions*, 2009.