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## Electronic Health Records-Why Not Now?

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by Jeffrey C. Bauer

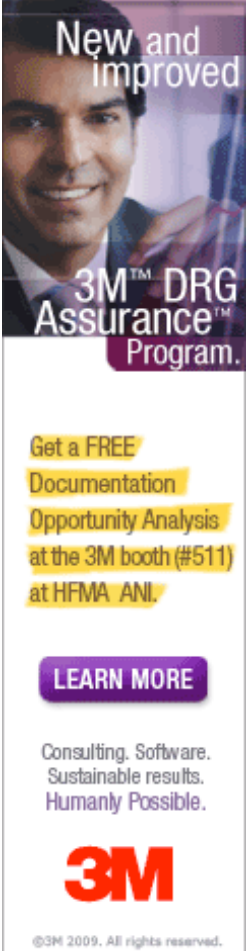
**The electronic health record (EHR) has been in the spotlight lately. Lots of positive press has been generated by politicians' bipartisan support for automated, intelligent records as a necessary foundation for health reform. The American Recovery and Reinvestment Act of 2009 (ARRA) authorizes \$17 billion to reimburse qualifying hospitals and physicians for becoming meaningful users of federally approved EHR between 2011 and 2015. Whether many providers will ultimately receive the money is open to question because requirements for participation are yet to be established, but the general public's expectations are high.**

Reaction from inside the healthcare delivery system has been decidedly mixed. For every story about a hospital that has reduced costs or improved quality by adopting EHRs, another describes providers' reasons for disliking them. Consumers may think that electronic records are good because they curtail waste and medical errors, but many health professionals believe they are bad because the computer gets in the way of traditional practice patterns and the "hands on" physician-patient relationship.

### The More Things Change ...

The current outlook for the adoption of EHRs suggests that once all is said and done, much more will probably be said than done. Even if the final rules and regulations for taking the ARRA money are acceptable to most providers—and that's a big if—the digital transformation of American health care will still be impeded by physicians' and nurses' resistance to change. Most practitioners are at their limits coping with the current practice environment. They have neither time nor patience to learn how to use a new tool, especially when the learning curve can be steep and long.

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In defense of the EHR resisters, the hardware and software of many existing EHR systems are not user friendly. They definitely can slow down a practitioner who has spent years scribbling notes on paper. Lack of integration across platforms is also a serious problem, especially for physicians who have one automated records system in the office and another at the hospital.

EHRs' opponents should be reminded that the same problems plagued ATMs, personal computers, the Internet, and cell phones in their early generations—and that the problems were quickly solved when customers and vendors realized the amazing potential of these technologies. EHRs may mature just as rapidly, overcoming clinicians' technological concerns in the process. Also, the rate of improvement will accelerate as the market expands.

Of course, some user-unfriendly technology is not the only reason that many clinicians publicly express their doubts about EHRs, electronic prescribing, computerized order entry, and other digital tools that significantly change the way they practice. Practitioners just don't like change. The good news is that physicians have a history of doing the right thing after making a strong stand in defense of outmoded tradition, suggesting that their understandable resistance to EHR can and will be overcome in a reasonable time.

For example, physicians strenuously resisted the imposition of a standardized, problem-oriented medical record when Medicare was implemented in the late 1960s. They had always been free to document care however they wanted. Yet, in less than a decade, a uniform medical record became the national standard of practice. (Working in the medical records department of a large hospital in 1969, I prepared one-page discharge summaries from each physician's free-form notes. Which is to say that clerks, not physicians, documented patient care in the hospital's standard format. As Dave Barry would say, I am not making this up!)

**The Real Problem**

ARRA includes well-intentioned mechanisms to minimize financial barriers for providers that decide to become "meaningful" (TBD) users of certified EHR systems. However, the economic stimulus package stops far short of requiring the digital transformation of health care. ARRA's Title XIII, the reconciliation of House and Senate bills passed on Friday the 13th, offers a small carrot when a big stick is needed to meet the goals of health reform. It gives providers a reason for delaying EHR adoption for another year or two while waiting to see the devil in the final details of the rules for federal reimbursement. That's scary.

That's also sad, because the digital transformation of medical practice is needed right now. American health care has reached the limits of paper-based records. We simply cannot provide top-quality services at lower prices as long as providers, purchasers, and payers are stuck on the paper trail. American health care cannot get any better until it has automated all information needed to support meaningful performance improvement, beginning with the EHR.

If politicians and health reformers are really serious about building a world-class health system, they must craft an aggressive plan to bring 21st century IT to all providers (along with payers and patients). The current approach effectively puts this goal on hold while providers await the outcome of an uncertain political process; Title XIII is classic case of

the ideal being the enemy of the good. We can do better and put a lot of people to work building better EHRs now. The stimulus law must be amended ASAP to fund measurable progress toward digital transformation for all providers, not just limited rewards for a few that gamble on ARRA and win.

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