



Physician Adoption of Technology - Messages From the Front Lines

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The deployment of information technology initiatives in health care, such as EHRs, are widely acknowledged to reduce medical errors and improve patient outcomes, increase efficiencies in the delivery of care, and lower the costs of care.

However, equally well-documented are the struggles governments and health care organizations have faced in encouraging clinician adoption of these initiatives. Moreover, physicians' adoption of technology lags behind that of other health care stakeholders. Indeed, a national study published recently by the Center for Studying Health System Change in the United States reported that a quarter of physicians interviewed did not have IT support for any of the five clinical functions listed in the survey (i.e. obtaining treatment guidelines, exchanging clinical data with other physicians, accessing patient notes, generating treatment reminders, and writing prescriptions) while another quarter had IT support for only one of the five functions (Reed and Grossman 2004).

Consequently, much emphasis has been placed recently on "engaging" clinicians, and numerous physician engagement strategies have been proposed. These range from "engaging physicians early and often in the adoption process" to providing financial incentives to physician practices for adopting EHRs.

In the EHR-related work in which my consultancy has been involved, several messages have come through loud and clear:

Effective engagement is THE key ingredient for implementing EHRs

Consistently, we have observed that the effective engagement of physicians, such as the physician automation effort in Alberta, have resulted in successful deployments of EHRs, like the NetCARE EHR in Alberta's Capital Health Region. Meanwhile, countless other planned deployments of practice, hospital, or regional EMRs/EHRs have stalled or failed due to insurmountable physician resistance. Indeed, the full benefit of regional EHRs is only realized when all physicians in the region adopt interoperable data systems that communicate with, and contribute to, the regional EHR.

It's all about data and workflow

Physicians have repeatedly told us that we need to understand and respect their workflows and efficiencies when implementing IT in their offices - the technology must not disrupt their practice. One recent survey of physicians in the U.S. found they are not resistant to technology per se, but are "reluctant" to adopt methods that impede their workflow or detract from their time with patients. Bottom line, physicians just want ready access to health data - from diagnostic images to medication histories to lab data to others -

while minimizing workflow disruption and optimizing efficiencies and time spent with patients. As a result, any physician adoption initiative must involve devoting time and energy to study and understand how physicians work in their practice settings.



Vincent Ng

Physicians have always understood the patient safety agenda

Physicians are informed and try to do the best for their patients and the health care system. They have always understood the benefits of EHRs on the provision of quality, safe patient care. Unfortunately, a combination of issues about the technology features and functions, issues of culture, comfort with the status quo and the environment in which technology is placed and issues of organizational process and structure have formed barriers to physician adoption of information technology. Physicians understand the enormous benefits of the EHR "end game", but getting there is where the challenges lie.

The business case for physician adoption of technology is inadequate

Of these challenges, the "misalignment" of financial incentives is believed by many to be "the single most important barrier" to implementing EHRs. That is, the costs of implementing information technology are mainly borne by physicians and/or practice organizations, while the bulk of the financial benefits accrue more directly to payers, employers and patients. Moreover, the financial barrier appears strongest in small medical practices. A recent survey released by the Medical Group Management Association in the U.S. found that physician groups with 26 or more full-time equivalent (FTE) physicians reported adoption rates of electronic medical records that more than doubled that of physician groups with three or fewer FTEs.

Fortunately, it seems decision-makers are beginning to recognize and address this insufficient business case. For example, Ontario is following in the footsteps of the widely successful Physician Office System Program (POSP) in Alberta and announced in March of this year a new IT funding plan for eligible physician teams. Like Alberta, funding packages for both new and advanced users of IT are available, with total funds ranging from \$2,000 to \$28,600 per eligible physician. Other financial incentive plans being proposed, mainly in the U.S., include low-interest loans or one-time grants and per visit or per patient fees to physicians who implement EMRs. In addition to subsidizing some costs of IT adoption, these programs aim to increase deployment of interoperable EMR systems

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to levels of critical mass that provide more tangible benefits to physicians. Interoperable EMRs then form the building blocks for regional EHRs.

These messages from physicians are not new to us in the health care IT field. However, if we are to truly "engage" physicians and drive the deployment of EHRs, we must leverage their messages into specific, tangible actions. There are some signs that this is starting to happen, but much work remains to be done.



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