

Do Traditional EMRs Work?

After more than a decade of massive investment by traditional EMR vendors and medical practices, we are now at the point where landmark studies and reports have clearly refuted the lofty claims of traditional EMR vendors.

Landmark Studies: Hard Evidence

The *New England Journal of Medicine*, *Medical Group Management Association (MGMA)*, Congress, Blue Cross, and National Research Council have published the following findings:

- In a ***New England Journal of Medicine*** article, renowned physicians and Harvard professors write that: (i) “there are serious problems with the way in which notes and letters are crafted [with EMR]”; (ii) “we have observed the electronic medical record become a powerful vehicle for perpetuating erroneous information, leading to diagnostic errors that gain momentum when passed on electronically”; and (iii) that “the humanistic depiction of the electronic medical record contrasts sharply with the experience of many patients who, during their 15 minute clinic visit, watch their doctor stare at the computer screen, filling in a template. This is perhaps the most disturbing effect of the technology, to divert attention from the patient.”⁽¹⁾
- According to a US government-funded study by the **MGMA**, medical practices using EMR reported a decrease in physician productivity of up to 15% usually lasting a year or more.⁽²⁾
- The same study concludes “The high initial purchase amount and reduced productivity, combined with a lack of reliable financial cost/benefit studies of EHR implementation, makes it difficult to establish a business case for EHR adoption.”⁽³⁾
- According to the May 2008 **Congressional Budget Office** study commissioned by the Chairman of the Senate Budget Committee, “...the adoption of more health IT is generally not sufficient to produce significant cost savings.”⁽⁴⁾
- The same Congressional study concludes “Office-based physicians in particular may see no benefit if they purchase [EMR]—and may even suffer *financial harm*.”⁽⁵⁾
- In 2008, **Blue Cross in Massachusetts** concluded that there is no positive return on investment for EMR.⁽⁶⁾
- According to a government-funded ***New England Journal of Medicine*** study, a surprisingly low “4% of physicians reported having an extensive, fully functional electronic records system...”⁽⁷⁾
- John Halamka, M.D., Chief Information Officer at Harvard Medical School, said, “The provider bears the cost [of EMR], but most of the benefits accrue to other parties,” particularly insurers and other health care payers.⁽⁸⁾
- A recent **National Research Council** report states that: (i) EMRs cause inefficient workflows; (ii) clinicians spend more time entering data than using it; (iii) meaningful interoperability is almost non-existent; and (iv) benefits are significantly less than anticipated. This study was produced by a committee of industry thought leaders from many of the most respected organizations in the world, including Harvard, MIT, Stanford, University of Pennsylvania, Brown, Google, and Intel. Committee members shadowed clinicians using traditional electronic medical records software at nationally recognized centers of medical care.⁽⁹⁾

Lack of Performance: Non-Use

The success of a traditional EMR implementation hinges on physicians successfully navigating complex data entry screens to point, click, and type in their exam notes. Unfortunately, 80% of physicians (90% in high-volume specialty practices) who purchase traditional EMRs ultimately refuse to wrestle with complex data entry screens while their waiting rooms are full of patients. In addition, during the initial push toward documenting exams with the new EMR system, a precipitous drop in productivity occurs. This results in physicians quickly reverting to their comfort zone—dictating or handwriting exam notes that are then imported into the EMR by their support staff. Once this non-use of software occurs, the anticipated return on the EMR investment evaporates; and the traditional EMR becomes nothing more than a crude—and very expensive—document management system.

Conclusion: Evidence-Based Decision Making

As trained scientists, physicians practice evidence-based medicine which means that their methods of treatment are based on empirical research. They are now applying the same evidence-based approach to evaluate technology purchases—and they are discovering an abundance of data that refutes the lofty claims of the traditional EMR industry.

1. Hartzband, M.D., Pamela, and Jerome Groopman, M.D. “Off the Record—Avoiding the Pitfalls of Going Electronic.” *New England Journal of Medicine*. April, 2008. 2. Gans, David N. “Off to a slow start.” *MGMA Connexion*, 42. Oct. 2005. 3. *Ibid.*, 2 4. Congressional Budget Office of the Congress of the United States. 2008, May. *Evidence on the Costs and Benefits of Health Information Technology* [A CBO Paper], 3. 5. *Ibid.*, 3 6. Dolan, Pamela Lewis. “Insurer finds EMRs won’t pay off for its doctors.” *American Medical News*. 10 Mar. 2008 7. DesRoches, Dr.P.H., Catherine M., et al. “Electronic Health Records in Ambulatory Care—A National Survey of Physicians.” *New England Journal of Medicine*. 18 June 2008; 359: 50. 8. “Business Case Needed to Argue for EHR Adoption, Experts Say.” <http://www.ihealthbeat.org/articles/2008/7/14/Business-Case-Needed-To-Argue-for-EHR-Adoption-Experts-Say.aspx?topicID=54>. 14 July 2008. 9. William W. Stead and Herbert S. Lin. “Computational Technology for Effective Health Care: Immediate Steps and Strategic Directions.” National Research Council. January, 2009. Appendix C, p.3.