

Electronic Health Care Advances, Physician Frustration Grows

By Carrie Weimar

In this article...

Five years have passed since ACPE's first Health Care Technology Survey, and while great strides are being made to implement information technology, physicians say they still feel out of the loop.

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Now more than ever, we live our lives behind the screen of a computer.

Need to pay some bills? Just go online and click a button. Many of us use computers to store our music collections or to watch movies or TV shows. We communicate via BlackBerry or iPhone and keep up with friends and colleagues through social networking sites like LinkedIn or Facebook. When news breaks, we flood sites like cnn.com or nytimes.com.

But for many physician executives, the digital revolution ends the moment they reach the office. Despite the enormous progress made in information technology, many hospitals and group practices still use the same paper charts physicians have been using for decades.

In fact, according to a recent federal survey, just fewer than 40 percent of U.S. doctors use electronic medical records and many say the system they use is only minimally functional.

In 2004, the American College of Physician Executives decided to answer the question of how prevalent the use of technology was among its members. The survey results revealed two different schools of thought: those who embraced technology and those who were unenthusiastic and resistant.

The 2004 survey also showed that many health care organizations were slow to implement new measures. Only about 33 percent of respondents said they were already using electronic medical records. About the same percentage reported using computerized physician order entry (CPOE). And just 20 percent used pharmaceutical bar coding.

Growth over 5 years

Now, five years later, ACPE wanted to see how things have changed. So members were asked to participate in an identical survey to measure the different responses.

The result? More health care organizations are using technology, but the same love/hate relationship exists among physicians. While many see an array of benefits, an even larger number said they found the available software frustrating and not very user-friendly.

Many also saw a need for more physician input before technology is implemented. And some were discouraged by the tech-adverse attitudes of many of their colleagues.

One physician summed it up like this: "The technology has advantages but it wastes time. It is difficult to review records. It is much easier to review a paper chart. In a high-volume practice, it costs time and lots of money."

According to the survey results, far more physicians are using technology compared to five years ago. More than 64 percent of the survey respondents said electronic medical records were already in use at their organizations. Another 44 percent said they used computerized physician order entry.

Thirty-eight percent of those who responded to the survey are using pharmaceutical bar coding, while 42 percent have electronic prescriptions. A smaller number—about 19 percent—use email or other online means to communicate with patients. And about 34 percent use personal digital assistants for clinical use.

When asked why they are using or planning to use health care information technology, respondents were split.

- A slim majority—about 33 percent—said technology reduces liability and medical errors.
- About 28 percent said it led to more accurate recordkeeping.
- 21 percent said they were just trying to stay current.

Some participants who submitted their own answers said it was beyond their control, such as one who said, “No rational reason. The hospital simply wants to do it.”

Another added, “Forced to do so by government authority.”

A majority of survey participants—about 40 percent—listed a lack of money or resources as the biggest obstacle they faced in implementing new information technology. Another 20 percent said there was a lack of support or buy-in from physicians and other medical staff. About 12 percent said it was too difficult to integrate new technology with other computer systems they were already using.

Those who offered their own answers listed a variety of hurdles, from “more complex than expected” to “slows work flow” to “our administrator hired an idiot for our Internet person.”

The 2009 ACPE Health Care Technology survey was open from November 15 until December 20. About 950 ACPE members responded.

Frustrations mount

While more physicians may be using technology than they were back in 2004, there is still a significant

divide between those who embrace the new systems and those who feel they are frustrating and unhelpful.

Some of the participants were enthusiastic about the advances, saying that their organizations were faster, more efficient and offered higher quality care thanks to the new technology.

“Health IT has enabled us to do a lot of standardization of health care quality initiatives,” one physician wrote. “In many respects, it has helped us to compel those who will otherwise not comply with these initiatives.”

“I believe over the long term, it will streamline efficiency and reduce errors,” another wrote.

Others were similarly positive in their comments:

- “It was painful to implement, but I wouldn’t go back to the way it was. Access to information is much faster and better, communication with patients has improved, but there has been some degradation of the office visit documentation.”
- “I love it. I can access my patients’ charts from home or on vacation.”
- “Since being on EMRS going on 4

years now, I feel I am more organized, complete, and consistently clear on my communication with patients. Sometimes the time doesn’t exist to cover all the information about disease—but at the press of a button I can print all that I want to share and have the patient review at a less stressful time than in the office. Even as a patient I appreciate printed info from my doctor that allows me to review at another time.”

But the enthusiasts were far outweighed by the skeptics.

Just as in 2004, there was no shortage of complaints. One physician even went so far as to say that adopting electronic medical records has been “the worst aspect of my 25 years in medicine. It has ruined doctor productivity, produced lower quality care and encouraged notes that are false to the point of fraud.”

Most of the complaints were very similar to those voiced five years ago. While the technology may be more advanced, it still prompted plenty of grumbling. The respondents said the systems were still too clunky, too hard to use and just too poorly developed.

		2009 Response		2004 Response	
		Percent	Count	Percent	Count
	No development under way	5.9%	55	15.1%	237
	Researching/Planning	17.5%	163	33.3%	521
	Bidding	2.4%	22	4.5%	70
	Testing	9.9%	92	14.0%	220
	Already in use	64.5%	602	33.1%	518
answered question		934		1566	
skipped question		1		15	

'Our administrator hired an idiot for our Internet person.'

"We have experienced occasional difficulties with glitches in software not becoming apparent until after implementation," a participant wrote. "It seems that once you put something into use by the medical staff, the hidden problems appear. An adequate pre-implementation testing environment has not been developed so that staff sometimes feels they are part of an ongoing experiment."

Others echoed those statements:

- "The world is different but structures, shared systems, policies and management controls are still scoped for a paper world For the COO and the CFO, a big problem is the value proposition of electronic record keeping. Where are the costs offsets? Are there enough?"
- "The technology out there is very poorly developed and generally causes as many problems as it solves—something that is rarely reported. An easy example: paper never has downtime. Our (technology) currently has to go down twice a year for the change in Daylight Savings Time! I truly believe tech is the answer to better patient care, but I strongly believe it should not be implemented without major input from people on the front lines."
- "Process has been long, expensive and time-consuming Software is clumsy and not user-friendly. The system has been implemented in only about half of clinics, and not in inpatient service It's all very discouraging, especially to those of us who have been long-time advocates of EMR."

The cost—and the amount of staff resources needed to implement a new system—was also a common complaint. And given the recent downturn in the economy, physicians said they expect problems to get worse instead of better.

- "Major constraints are resources and expertise. Good systems and system implementation are hugely expensive. Few organizations have adequate project management skills or processes, let alone IT and clinical work flow expertise. Consulting organizations can do all of this, but are themselves hugely expensive and are being stretched to accomplish the work they've already taken on."
- "Cost is prohibitive and in the new credit/capital crunch we are in, I suspect further roll-outs to be delayed, which will leave us in a bad spot: half in and half out of EMR so we have paper charts and electronic records. It's the worst of both worlds."
- "Apart from costs of hardware and software, there is a tremendous cost in staff time and revenue when switching from paper to electronic charts. This is especially true when there are decades of medical records to convert."

Many ACPE members also said that the available systems don't do a good job of talking to one another. The exasperation was especially acute among doctors who travel between hospitals and group practices. Many said a universal system is needed so that different institutions can share information.

"To this date, there has been a lack of incentive to collaborate in the

use of health care technology," one participant wrote. "Each organization uses its own information to maximize its advantage, leading to many pools of information that ultimately are difficult, if not impossible, to use together."

Another expressed a similar sentiment: "We are at the mercy of multiple vendors and lack of standardization, without extra capital to spare. This is a no-win situation and results are mixed, or certainly less than impressive in regard to the enhancement of quality."

No input in output

Perhaps the biggest source of frustration was the lack of input from physicians when designing and implementing health care information technology systems. Many said that involving clinicians at the planning stages would pre-empt many of the problems that crop up later.

As one respondent put it, "there seems to be too little physician involvement in planning. There is no well-thought-out plan of how technology can be utilized to optimize workflow or improve efficiency. Systems are chosen according to administrative criteria rather than what physicians need to get the job done."

Another grumbled that physicians are being coerced by "non-practicing physicians and non-medical administrators who forget that time spent with patients is more important than spending 90 percent of the time filling out paperwork so the bean counters can look over your shoulder."

Among the other similar complaints:

- "It's difficult to keep IT interested in the discussion. They don't take the time to really understand the problem and want us to adapt to whatever software they come up with."

		2009 Response		2004 Response		
		Percent	Count	Percent	Count	
Computerized Physician Order Entry (CPOE)	No development under way		13.7%	127	22.4%	349
	Researching/Planning		26.2%	243	33.8%	527
	Bidding		2.5%	23	4.6%	72
	Testing		13.9%	129	15.8%	247
	Already in use		43.8%	407	23.3%	364
answered question		929		1,560		
skipped question		6		21		

		2009 Response		2004 Response		
		Percent	Count	Percent	Count	
Pharmaceutical Bar Coding	No development under way		30.6%	277	36.7%	559
	Researching/Planning		20.7%	187	31.4%	479
	Bidding		1.7%	15	2.8%	43
	Testing		8.6%	78	8.3%	126
	Already in use		38.4%	347	20.7%	316
answered question		904		1,525		
skipped question		31		56		

		2009 Response		2004 Response		
		Percent	Count	Percent	Count	
Electronic Prescriptions	No development under way		15.0%	139	34.0%	524
	Researching/Planning		27.1%	250	33.7%	518
	Bidding		2.8%	26	1.9%	29
	Testing		12.9%	119	9.4%	145
	Already in use		42.2%	390	20.9%	322
answered question		924		1,539		
skipped question		11		42		

Some predict a paper chart will one day be as antiquated as a mercury thermometer.

		2009 Response		2004 Response	
		Percent	Count	Percent	Count
Patient Electronic Communication (including patient e-mail and online patient communication)					
No development under way		38.8%	359	44.0%	680
Researching/Planning		30.2%	280	28.2%	437
Bidding		0.8%	7	0.8%	13
Testing		10.6%	98	8.7%	134
Already in use		19.7%	182	18.2%	282
answered question		926		1,547	
skipped question		9		34	

		2009 Response		2004 Response	
		Percent	Count	Percent	Count
Personal Digital Assistants (PDAs) for Clinical Use					
No development under way		42.2%	388	27.3%	421
Researching/Planning		16.1%	148	24.8%	383
Bidding		0.8%	7	1.3%	20
Testing		7.3%	67	10.2%	158
Already in use		33.7%	310	36.2%	559
answered question		920		1,543	
skipped question		15		38	

In general, what is the PRIMARY reason why you currently use or plan to implement new health care information technologies.

	2009 Response		2004 Response	
	Percent	Count	Percent	Count
Wave of the future, trying to stay current	21.2%	194	11.1%	167
Reduced liability and reduced medical errors	32.9%	301	42.5%	638
Accurate recordkeeping	28.1%	257	28.7%	431
High return on investment	3.6%	33	6.3%	95
Other (please specify)	14.1%	129	11.3%	170
answered question	914		1,501	
skipped question	21		80	

What is the PRIMARY obstacle that your organization encounters when implementing or attempting to implement -- new information technologies.

	2009 Response		2004 Response	
	Percent	Count	Percent	Count
Lack of support or buy-in from physicians and other medical staff	19.6%	178	17.9%	267
Too difficult to train staff to use technology	4.1%	37	3.4%	51
Lack of money/resources to implement technology	40.9%	372	45.9%	685
Little or no return on investment	6.5%	59	4.0%	60
Too difficult to integrate with computer systems already in use	11.9%	108	13.8%	206
Haven't seen the right system yet	4.3%	39	7.0%	105
Other (please specify)	12.8%	116	8.0%	119
answered question	909		1,494	
skipped question	26		87	

- “The biggest issue is not necessarily the physician resistance—it is the administrative resistance to admitting that these are not just IT projects. They are clinical projects, just as any other process change in clinical care would be viewed.”
- “There has been little attempt to train physicians so they can use the system well. The interface between the physician and software program is cumbersome. Rather than interface the main system with a documentation system that has a proven record in emergency departments, they are using a system that the docs don’t like. Pound foolish!”
- “Physicians must be at the table as technology is incorporated. The institution must be fully committed. Ready support for recognized issues must be available.”

Of course, not every physician is excited by the prospect of switching from a paper chart to an EMR, no matter how much input they are allowed to give. Several participants wrote in to complain about their technophobe colleagues, who they say are blocking progress for the rest of their colleagues.

- “Don’t underestimate your partners’ anxiety in changing their comfortable ways of getting through the day. Promises of efficiency only come after hours of suffering. ‘It ain’t easy, but who said it should be simple?’”
- “Some physicians embrace IT and others shun it, causing hospitals to avoid adoption due to fears of alienating older medical staff.”
- “Some physicians—young ones included—fight the process of






implementation tooth and nail. Do they think we have any choice about EMR adoption, or that they, uniquely, can ignore the trend?”

Digital divide

So why, at a time when so many other businesses have already gone digital, is the health care industry still fraught with so many problems? Albert Villarin, MD, FACPE, chief medical information officer for Albert Einstein Healthcare Network in Philadelphia, Pa., said cost is a major factor.

“Many institutions can’t afford to buy the level of quality and integrity with a global system for an entire network,” said Villarin, who also writes a blog on health care technology. “We’re talking hundreds of millions of dollars in a large market.”

Because there aren’t very many universal systems that meet all the different needs of a typical health care

		2009 Response		2004 Response	
		Percent	Count	Percent	Count
Physicians have little or no involvement in technology decisions		16.6%	152	21.0%	315
One physician works part-time on technology issues		31.9%	292	28.8%	432
Full-time physician technology officer		12.2%	112	10.3%	154
More than 1 full-time physician working on technology		20.7%	189	18.7%	280
Other (please specify)		18.6%	170	21.2%	318
answered question			915		1,500
skipped question			20		81

network, many organizations try to cobble together “best of breed” platforms and try to make them communicate with one another, Villarin said.

For example, a computer system that best fits an emergency department may not be compatible with a system geared toward palliative care.

A smarter approach would be to look at an institution as a whole and try to design a system that will best serve all departments, Villarin said. That’s what his network did when deciding how to implement technology.

“There was a team of 20 people from all different areas—clinical, support and research. We sat at a table and made the product the way we wanted it to be,” Villarin said. “You have to take a network and hold up a mirror and understand what you’re looking at.”

While the number of suitable options for health care systems is increasing, Villarin said he doesn’t expect to see much progress over the next five to seven years. The reason? Cost. With the economy in a slump, there’s little chance that a network or hospital is going to spend the money necessary to make sweeping change.

Still, most of those who participated in the survey—believers and non-believers alike—said that health care will someday succumb to the same forces driving other industries and make the switch to digital. Some predict a paper chart will one day be as antiquated as a mercury thermometer.

One member likened implementing the computer system to ordering a sleek Corvette and being delivered a box filled with Corvette parts. But he still expressed hope for the future.

“I feel like I hit a cliff head on and have been dragging myself to the top,” the physician wrote. “But after 10 months, I can see the promised land.”

Or, as one physician summed it up: “It’s expensive, difficult and essential. We would never go back. The trick is using the technology to improve the process. We’re still and will always be working on that.”



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