

Health Information Compliance Alert

Electronic Health Records: Just How Valuable Are Electronic Health Records?

Concrete data on HIT's value is a little sketchy, researchers say.

The federal government is pressing ahead with plans to implement near universal health information technology for U.S. patients. But is that the best use of taxpayer dollars?

Reliable research on health information technology's efficacy is scarce.

A 2006 study showed statistical models suggest that HIT could make healthcare safer, more effective, and more efficient. But the Southern California Evidence-based Practice Center in Santa Monica, which performed the study for the Agency for Healthcare Research and Quality, found experimental evidence supporting HIT to be limited.

Critics: Show Me the Science

"It is not possible to draw firm conclusions" about which HIT methods are most likely to achieve health benefits, the report said, "and the assessment of costs is even more uncertain."

Existing evidence doesn't tell "who pays for" and "who benefits from" HIT in any healthcare organization "except those, such as Kaiser and the VA, that are responsible for paying for and delivering all the care," the report continued.

Some just aren't sold on HIT. In a Washington Post oped piece, two professors said the benefits of electronic health records have been "greatly exaggerated."

"Large, randomized controlled studies -- the 'gold standard' of evidence -- in this country and Britain have found that electronic records with computerized decision support did not result in a single improvement in any measure of quality of care for patients with chronic conditions including heart disease and asthma," wrote **Stephen B. Soumerai, ScD**, a professor of ambulatory care and prevention at Harvard Medical School, and **Sumit R. Majumdar, MD, MPH**, an associate professor at the University of Alberta's Department of Medicine.

"Health IT has not been proven to save money," they added, and cited cases in which EHRs were the root of harm to patients.

Advocates: You Get Out of HIT What You Put Into It

Lack of certainty doesn't turn everyone off HIT. **Prakash Hingorani**, director of strategic solutions at Marlabs Inc., is an EHR believer. Marlabs provides IT services in the banking and financial services, healthcare, media, and legal sectors.

Bottom line: HIT can play a powerful role in cutting healthcare costs, he says.

"Doctors will need to be trained in the new technology," he says. "Reaching out to individual doctors will be a challenge."

Meanwhile, hospitals, which generally already have digitized information systems, "will need to address the challenges of having disparate systems talk to each other."

"Different providers of EHR systems will need to come up with interfaces or a common standard for interfacing," he says.

HIT vendors are lining up for a slice of that \$19 billion federal pie. But how does one know a good system from a bad one? **Robert Lamberts, MD**, an Augusta, Ga.-based physician who is board certified in internal medicine and pediatrics

said EHRs can contribute to a practice -- or they can mess one up.

Beyond the purchase: "The most important factor in success is the implementation process," Lamberts said in his blog. A poorly implemented EHR system "makes medical practice harder. A well implemented EHR doesn't just function, it improves quality and profitability."

He offered these suggestions to fellow providers:

- Visit a doctor who is using an EHR system successfully. "When you visit, make sure you ask them about the implementation process," he says. "How did they do it and how hard was it?"
- Buy a product that is certified by the Certification Commission for Health Information Technology, a government task force established to set standards for EMR products;and
- Search specialty society Web sites for tools to help choose an EHR system.

Resources: Visit Lambert's blog at www.distractible.org. Learn about the Certification Commission for Health Information Technology: www.cchit.org.