NEWS RELEASE

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ELECTRONIC MEDICAL RECORDS AND INFORMATION TECHNOLOGY TOP QUALITY IMPROVEMENT PRIORITIES FOR HOSPITAL EXECUTIVES

U.S. Hospital Administrators in Five-Nation Survey Most Positive About Their Facilities But Most Negative About Their Country's Health System

New York City, May 4, 2004—Hospital administrators in five nations cite electronic medical records (EMRs) or information technology (IT) as the first capital improvement they would choose to make if they had new funding, says an article published in today's *Health Affairs* based on findings from the Commonwealth Fund Annual International Health Policy Survey, conducted by researchers at the Harvard School of Public Health and Harris Interactive.

In the survey of hospital administrators in Australia, Canada, New Zealand, the U.K. and the U.S., three of five U.S. hospital administrators ranked EMRs/IT at the top of their priority list for a one-time capital improvement, as did one-third to one-half of those in the other countries. Administrators in other countries were more likely than those in the U.S. to point to hospital facilities such as ERs as areas in need of improvement.

If You Had New Funding to Invest in a One-Time Capital Improvement in Only One Area of Your Hospital, What Would It Be?

Percent saying:	AUS	CAN	NZ	UK	US
Electronic medical records/IT	35%	47%	46%	38%	62%
Emergency room/OR/ Critical care facility	26	18	4	22	13
Basic hospital/patient facilities	17	14	21	22	3
Diagnostic equipment/ medical technology	9	16	11	10	3

Commonwealth Fund International Health Policy Survey (2003)
Commonwealth Fund/Harvard/Harris Interactive

Hospital Executives

While U.S. hospital executives were more positive about the state of their facilities, and were more likely to report shorter or no waiting times for elective surgery compared with those in the other nations, they express more negative views of their country's health system in general. Half of hospital administrators in the U.S. said they were very or somewhat dissatisfied with their country's health system, compared with 12 percent or fewer of those in the other countries.

"Confronting Competing Demands to Improve Quality: A Five-Country Hospital Survey," by Robert J. Blendon, Sc.D., of the Harvard School of Public Health and colleagues, details survey findings based on interviews with the CEOs or top administrators of the larger

hospitals in each the five countries. The survey is based on a random sample drawn from a list of the largest general or pediatric hospitals in each country, excluding specialty hospitals.

"Hospital leaders on the front lines of providing health care are coping with rising costs and stresses on resources and staff," said Karen Davis, president of The Commonwealth Fund. "At the same time, these findings indicate strong support for employing new methods to improve quality of care, especially technologies such as electronic medical records and computerized drug ordering, as well as treatment guidelines for common conditions."

U.S. hospital executives also stood out for being the most concerned about market competition, the expense of providing care to the uninsured, and the effectiveness of government policies to improve the quality of hospital care.

The survey reports on long waiting times for hospital admissions in several countries. Waits of six months or more for elective surgeries were reported to occur very often by 26 to 57 percent of non-U.S. hospital executives, compared with only 1 percent of U.S. hospital executives, although U.S. waiting times may not reflect the uninsured who may be discouraged altogether from seeking elective surgery.

Across all five countries, hospital executives were critical of the quality of their emergency departments. Half of Canadian respondents rated the quality of their emergency departments as fair or poor give as did 17-30% of administrators in other countries. Long waiting times for emergency care were more common in the U.K., Canada, and the U.S.

Majorities of hospital executives in every country favor releasing quality-of-care data to the public, although U.S. and Australian hospital executives expressed the most reluctance about doing so. Written policies to inform patients about preventable medical errors were common in the U.S. and U.K. but in only abut half of other countries. Majorities in every country rated the system for finding errors at least somewhat effective but no more than one-quarter in any country thought their system was very effective.

A companion report from the Commonwealth Fund, *The Five Nation Hospital Survey: Commonalities, Differences, and Discontinuities*, by David Blumenthal, M.D., director of the Institute for Health Policy at Massachusetts General Hospital and colleagues, examines findings from each country in depth, noting that in many countries hospital systems that have been struggling, particularly those of non-U.S. countries, may respond to recent investments in their health systems.

Data briefs examining findings from each country in detail are also available on the Commonwealth Fund website at www.cmwf.org/