



In the Literature

Highlights from Commonwealth Fund-Supported Studies in Professional Journals

Are Electronic Medical Records Helpful for Care Coordination? Experiences of Physician Practices

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Synopsis

A study of small- and medium-sized physician practices found that electronic medical record (EMR) systems can help coordinate patient care within practice offices. However, because of interoperability issues, they are less able to support coordination between clinicians and across settings. Other challenges, like information overflow and reimbursement, also impede physicians' ability to use EMRs to improve patient care and coordination.

The Issue

New policy initiatives are promoting the adoption of electronic medical record systems to improve coordination of care. While some current studies have focused on EMR use in large medical centers, little is known about use by small and medium-sized groups. In this study, researchers interviewed physicians and other stakeholders about how practices deploy EMRs to support care coordination.

Key Findings

- Electronic medical records help to facilitate care coordination within a practice by making data available at a patient's visit. For example, features like instant messaging, e-mail, and electronic tasking (electronic notification of tasks that need to be performed) help prevent patient care needs from "falling through the cracks" while improving efficiency.
- Respondents noted that EMRs are less helpful for exchanging information between practices and settings because of a lack of interoperability. For instance, primary care physicians complained of not reliably receiving hospital admission or discharge summaries before they were needed for a care visit.

"While current commercial EMR design is driven by clinical documentation needs, there is a heavy emphasis on documentation to support billing rather than patient and provider needs related to clinical management."

- EMRs can create the unintended result of producing an information overload. For instance, some clinicians complained that when using EMRs, the problem list—the main medical problems that the physician needs to know about during a visit—grew exponentially and became cluttered with redundant information because of information automatically generated by the EMR.
- Respondents noted the lack of financial incentives for coordination among providers. Until reimbursement rules change, EMR products will not prioritize coordination.

Addressing the Problem

Major policy initiatives, like the Health Information Technology for Economic and Clinical Health Act (part of the American Recovery and Reinvestment Act of 2009) and Medicare’s medical home demonstration projects, aim to improve care coordination by promoting health information technology and electronic medical records. New funding for EMR adoption, however, will not be sufficient without work to reengineer EMR systems to better support care coordination. In addition, if fee-for-service incentives are not modified to reimburse coordination activities, the authors expect that EMR use and design will continue to overemphasize documentation for billing purposes, rather than for the improvement of patient care and coordination.

About the Study

The authors identified eligible practices within 12 randomly selected markets in the United States. They selected practices with commercial ambulatory care electronic medical record systems in place for at least two years, and focused on small (fewer than 10 physicians) and medium-sized (11 to 50 physicians) practices. They interviewed a lead physician and a nonphysician staff person from each practice. In addition, they interviewed chief medical officers at four EMR vendors and four thought leaders in health information technology. They completed 60 interviews between January and August 2008.

The Bottom Line

There is a gap between policymakers’ expectations of the capability of electronic medical records to improve coordination of care and clinicians’ real-world experiences.

Citation

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This summary was prepared by Deborah Lorber.