

Fact Sheet ~ May 2006

Electronic Health Information among Community Health Centers: Adoption and Barriers

ELECTRONIC HEALTH INFORMATION AND HEALTH CENTERS

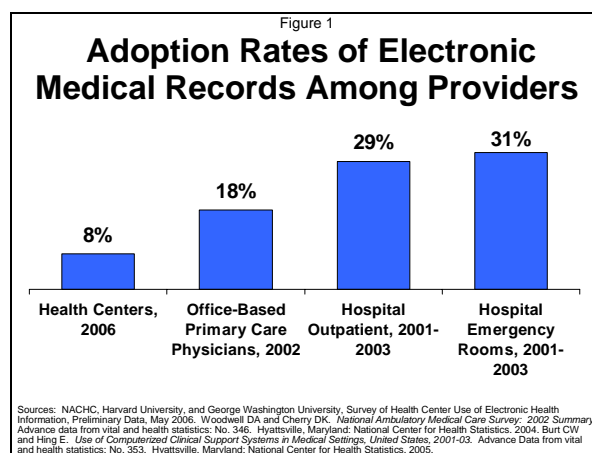
Policymakers, health care payers, providers, and patients are increasingly relying on Health Information Technology (HIT) as a tool for measuring and improving health care quality, eliminating health disparities, and even reducing costs. Last year, the Department of Health and Human Services alone spent \$86.5 million on programs advancing the use of HIT, and will spend more than \$125 million during the current fiscal year.¹

Despite the increased investment in HIT, adoption rates remain low among primary care physicians. This is especially true among community, migrant and homeless health centers – all important providers of primary care to the nation’s medically underserved. Currently, **health centers serve 15.5 million traditionally hard to reach patients**, including one in four individuals in poverty and one in five low-income, uninsured Americans. Also known as federally-qualified health centers, they are community-based providers of high quality, cost-effective primary and preventive health care.

Health centers view the adoption of HIT – including electronic medical records (EMRs) – as essential to continuing their commitment to provide high-quality health care, yet diminishing resources leave most health centers with few means for implementation. According to preliminary data from the first ever national Survey of Health Center Use of Electronic Health Information, **health centers generally desire to implement EMR systems, yet have lower rates of EMR adoption compared to other providers and face severe financial barriers in attempting to implement EMRs.**

ADOPTION OF ELECTRONIC MEDICAL RECORDS

Based on preliminary data, health centers have not adopted EMRs at the same rate as other providers (Figure 1). While 18% of private, office-based primary care physicians reported using EMRs in the 2001-2003 period, **only 8% of health centers currently report using a full EMR.**² Hospitals are even more likely to use EMRs, with 28% of outpatient departments and 31% of emergency room departments reporting having an EMR in 2001-2003. Despite the low percentage of health centers using EMRs, 60% report plans for installing a new EMR system or replacing the current system within the next 3 years.



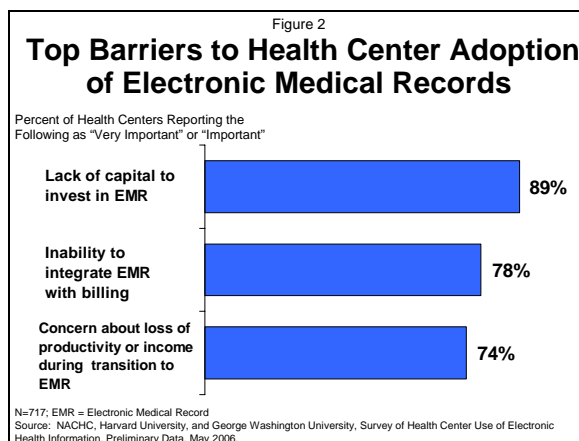
NOTE: Preliminary data on health centers are based on the NAMCS electronic medical record (EMR) adoption item currently in the field. Data from the 2001-2003 period are based on a previous NAMCS EMR adoption item, which did not assess whether respondents had “part paper and part electronic” medical records.

¹“Secretary Leavitt Takes New Steps to Advance Health IT” US Department of Health and Human Services, News Release, June 6, 2005. www.hhs.gov/news/press/20050606.html.

²Approximately 16% report using a combination of paper and electronic medical records, not shown in Figure 1.

BARRIERS TO ADOPTING ELECTRONIC MEDICAL RECORDS

When asked to rate potential barriers to implementing an EMR at their health centers, **an overwhelming 89% of health center directors report lack of capital as an important or very important barrier**, with more than two-thirds rating it as “very important.” Other major barriers include inability to integrate the EMR with the health center’s billing or claims submission system (78% reporting “important” or “very important”) and concern about loss of productivity or income during transition to the EMR system (74% reporting “important” or “very important”), as the Figure below demonstrates. Similarly, when asked to rate the areas in which they need assistance, the most commonly reported areas rated as “highest priority” are “financial support for start up costs” and “financial support for ongoing costs.”



RECOMMENDATIONS

Although health centers lag behind other providers in terms of EMR adoption, they stand ready and willing to implement electronic health information technology that will further improve the health of their patients. Lack of available resources threatens to undermine implementation among those 60% of health centers planning to implement a new or improved EMR in the near future.

These findings from the 2006 Survey of Health Center Use of Electronic Health Information underscore the importance of funding the costs of acquisition and maintenance of HIT systems among healthcare providers, especially health centers and other safety net providers. Such support should be separate and apart from the financial support health centers receive for care provided to their uninsured patients. **Failure to provide a dedicated funding stream for HIT at health centers will only widen the digital divide between safety net providers and other providers, thus hampering health centers’ ability to further reduce health care disparities.**

ABOUT THE 2006 SURVEY OF HEALTH CENTER USE OF ELECTRONIC HEALTH INFORMATION

Harvard Medical School/MGH, George Washington University, and the National Association of Community Health Centers conducted and funded this survey, with additional survey assistance from faculty at Yale University. Executive Directors of all federally-funded health centers in 2004 received the survey by mail and email, and data were collected in March and April 2006. This fact sheet provides *preliminary data* from the survey (N=717; response rate=78.4%). The final report is forthcoming. For more information, email healthit@nachc.com or contact Alexandra E. Shields, PhD, Principal Investigator, at ashields@partners.org.