Chapter 10
Adoption of Electronic Health Care Records: Physician Heuristics and Hesitancy

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ABSTRACT
Political, economic, and safety concerns have militated for the adoption of Electronic Health Records by physicians in the United States, but current rates of adoption have failed to penetrate the 50% level. A qualitative phenomenological study of practicing physicians reveals stumbling blocks to adoption. Maintaining a physician’s perceived sense of control of the process is key. Electronic Health Records (EHRs) are critical to the support of research, quality control, cost reduction, and implementation of new technologies and methods in healthcare. Progress in the USA towards adoption of standardized EHRs has been halting. The authors discuss the results of a phenomenological study of physicians and draw conclusions that will assist all stakeholders in building a more consistent, comprehensive, and cost-effective healthcare system. When attempting to persuade physicians to migrate to an EMR-based solution, a strong focus on the control that physicians will have should be emphasized. The transition to an EHR system is eased by clearly articulating early in the process the potential benefits and the degree of control physicians can have in the use of the applications.

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INTRODUCTION

Technology adoption by informed health care consumers, increasingly responsible for the personal health care of children and dependent adults, has outpaced that of most physician practices. According to Police, Foster, and Wong (2010) Health Information Technology (HIT) can potentially improve clinical outcomes for patients, increase physician productivity, and decrease healthcare costs. Although most patient care is delivered in physician offices, the adoption and use of available technology continues to lag (p. 245). The slow adoption rate of Electronic Medical Record (EMR) applications by physician practices illustrates the issue (HIMSS Analytics, 2009).

While most patient health-related information remains formatted in paper charts located in physician offices access to personal health history, medications, inoculations, and treatments becomes more important in the evolving mobile, technology-driven environment (Brown, 2007). As health care costs continue to rise and the aging population continues to demand more services from the health care industry, a majority of physician practices have failed to embrace the technical advances that other industries have recognized as essential (HIMSS Analytics, 2009; Ilie et al., 2009). This study can help to understand the lack of progress.

President Obama stated: “The biggest threat to our nation’s balance sheet, by a wide margin, is the skyrocketing cost of health care” (Salter, 2009. p. 64). Health care accounts for $1 out of every $6 spent in the United States and those costs are increasing at twice the rate of inflation. According to a United Nations report, the United States has the most expensive health care system in the world, yet 24 countries have longer life expectancies and 34 have lower infant mortality rates (Salter, 2009).

Despite the huge expenditures by individuals and corporations, health care quality in the United States compares poorly against many other first-world countries (Lenert, 2010). Healthcare has failed to keep up with other industries in the adoption of technology. One estimate is that health care technology in the United States is 20 years behind the rest of the nation’s industries (Ilie et al., 2009). For example, the financial services industry spends $200 billion per year on information technology, whereas the health care industry spends only 1/10th of that amount (From Clipboards to Keyboards, 2007). One medical provider stated, “This is a $2.4 trillion industry run on handwritten notes” (Salter, 2009).

Compared to more than two dozen industrialized nations in the world, the United States has both the highest infant mortality rate and the lowest life expectancy rate for those persons 60 and older (MacDorman, & Mathews, 2010; Schoen et al., 2006). Infant mortality can be an important indicator of national health. The stagnation in the U.S. infant mortality rate, since the year 2000, has concerned both researchers and policymakers (MacDorman, & Mathews, 2010, p. 577). Using a metric with 37 indicators of health quality, equity, access, and outcomes, the United States scored an average of 66 out of 100. As a percentage of gross domestic product, the United States spends more on health care than any other industrialized nation (Garber, & Skinner, 2008; Schoen et al., 2006). Despite this expenditure, the United States is not a leader in quality health care or in Health Information Technology (HIT).

According to some studies, avoidable deaths and medical errors are much more common in the United States than in European countries (Nolte & McKee, 2008; Schoen et al., 2007). Medical errors cause nearly 100,000 deaths each year. Estimates are that preventable deaths equal the combined number of deaths from motor vehicle accidents (44,000), breast cancer (42,000), and AIDS (14,000) annually (Kumar & Steinebach, 2008). The implementation of EMR applications can help to prevent medical errors, saving tens
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