



Issue Brief:

Physician perspectives about health information technology



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Foreword

The national debate around health care reform and the quest for a sustainable system that provides higher-quality care at lower cost have highlighted the critical role of health information technology (HIT). Providers increasingly are being pressed to demonstrate value in terms of evidence-based care, improved outcomes, and reduced complications. This accountability is driving a greater reliance on data, necessitating that it be collected electronically, shared appropriately, and analyzed methodically. With incentives now available to hospitals and physicians for adopting electronic health records (EHRs) and the 2013 deadline for ICD-10 conversion looming, the Deloitte Center for Health Solutions sought to assess physicians' current use and overall views of HIT, as well as specific actions surrounding EHRs and ICD-10.

Methodology

During summer 2011, the Deloitte Center for Health Solutions surveyed physicians on a range of topics, from their opinions of health care reform to their attitudes about the practice of medicine.¹ Drawing from a random sample of primary care physicians and specialists from the American Medical Association's (AMA) master file of physicians, 501 physicians completed a survey administered online. Results were weighted by practice, gender, region, and specialty to reflect the national distribution of physicians in the AMA master file. Upon initial review of the survey results, it was hypothesized that physician practice size might significantly impact results.

Therefore, respondents were re-contacted to collect further information on their practice size and setting. Of the original group, 307 physicians responded, and the results of this subset are discussed below. With any such study there are methodological constraints. Importantly, given that this was a survey conducted online about physicians' use of HIT, it is possible that it is biased towards more frequent IT users.

Key findings

Current use of HIT

Nearly two-thirds of physicians say they use some sort of electronic record to manage clinical information, reflecting the most general use of EHRs as opposed to stricter definitions. Use is highest among large practices (78% of 10+ practitioners and 68% of 2-9 practitioners vs. 54% of solo practitioners) and in the Midwest (73% compared to 61% in the West, 59% in the South, and 57% in the Northeast). By contrast, use is somewhat lower among older (53% of those age 60+ and 56% age 50-59 compared to 69% age 25-39 and 71% age 40-49) and female (57% vs. 65% of male) physicians. Solo practitioners are particularly unlikely to be using EHRs (46% vs. 27% of group practices) or to have plans to implement them (45% vs. 15% of group practices). Also, older physicians are less likely to be pushing for adoption of HIT (42% of those age 60+ compared to 76% age 25-59). Despite differences in adoption rates, there is widespread consensus that EHR use by physicians is valuable in improving quality (84%) and important to managing patient care (79%). However, more than six of 10

Figure 1: Advantages and disadvantages of HIT

	% Responding strongly/somewhat agree			
	Total	Solo	2-9 FTEs	10+ FTEs
Most patients believe EHR use by physicians can improve quality of care they receive	84%	80%	85%	94%
EHR use for patient care is important to future of managing patient care	79%	78%	84%	76%
Use of personal health records (PHR) to facilitate interaction with patients is important to future of managing patient care	77%	76%	81%	76%
EHR in my specialty has not proven to improve accuracy of diagnoses or appropriateness of treatment planning	65%	67%	63%	59%
HIT use that connects patients and physicians is too risky from a liability standpoint	43%	48%	45%	22%

physicians state that EHR use has not improved diagnosis accuracy or treatment planning. Meanwhile, despite much public discussion regarding liability, only 22% of physicians in groups of 10 or more feel that the use of EHRs is too risky, compared with 48% of solo practitioners who voice this concern. (Figure 1)

While two out of three physicians agree that HIT can improve quality of care in the long run, a similar proportion believes that the hospital-physician relationship will suffer as physician privileges are put at risk to comply with hospital standards for meaningful use. Nearly 90% of all physicians believe that hospitals are more advanced in HIT than their own offices; more than three-quarters of physicians view HIT as a reason to collaborate with hospitals.

Although many barriers exist to EHR adoption, including lack of incentives (13%), vendor selection challenges (15%), and privacy concerns (22%), the biggest are the cost and burden of implementation. Two-thirds (66%) of all physicians cite the upfront financial investment as their primary concern, followed closely by operational disruptions (54%). Resistance to change is a lesser concern (19%), although it is more prominent among surgical specialists compared to primary care physicians (PCPs) (24% vs. 9%).

Despite widespread adoption by other industries, only half (54%) of all physicians use Internet tools to inform or engage patients in health care. More physicians in large practices direct patients to health care content (27% of 10+ practitioners and 39% of 2-9 practitioners vs. 24% of solo practitioners) or use secure messaging (27% of group practices vs. 22% of solo practitioners). Only two in 10 physicians provide online scheduling or downloading of test results. Use of social media to communicate with patients is extremely low among all physicians (6%). (Figure 2)

Figure 2: Use of Internet tools in patient care

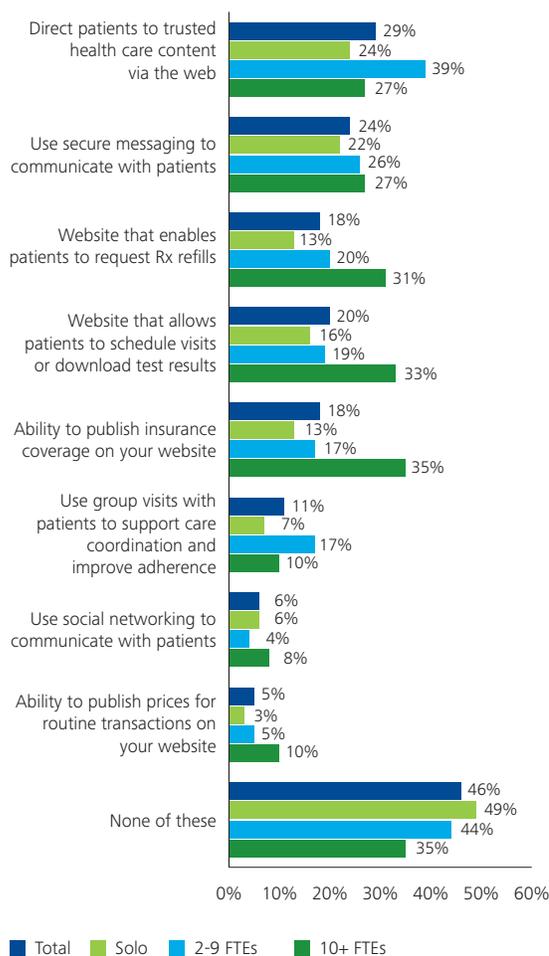
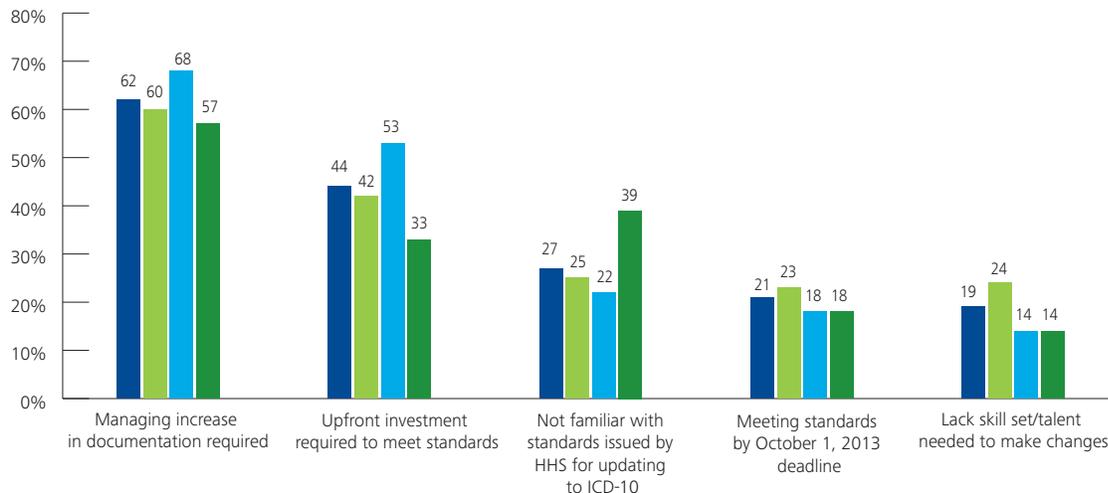


Figure 3: ICD-10 concerns regarding preparedness



Regulatory issues surrounding the U.S. Department of Health and Human Services (HHS) meaningful use incentives, as well as ICD-10 compliance, present challenges to physicians. Only about one in four considers themselves “on target” to meet meaningful use, while only 5% are ahead of plan. Of concern, 23% say they are unfamiliar with the requirements. As is the case with EHR adoption, physicians cite cost and workflow disruptions as barriers to achieving meaningful use. Half of all physicians express concern about either not getting paid or being subjected to penalties, while a similar percentage believes that achieving meaningful use would hurt productivity. More practices in the Northeast (32%) report lack of skills and talent to meet the changes compared to practices in the West (27%), South (16%), or Midwest (13%).

ICD-10 poses similar challenges and raises analogous concerns. Managing the increase in documentation is the leading concern, cited by 62% overall; the upfront

investment followed closely behind (44%). Somewhat reassuringly, only 21% feel they could not meet the October 2013 deadline. (Figure 3)

Conclusions

Physicians practicing in groups of 10 or more are more likely to have adopted EHRs and employ more Internet tools. However, the physicians in larger practices are less familiar with regulatory issues, meaningful use criteria, and ICD-10 requirements. Physicians held widespread consensus that EHR use assisted in both improved quality and managing patient care however this did not extend to improving diagnosis or treatment planning processes. Cost and disruption were the primary barriers to adoption of HIT and few physicians were making full use of the range opportunities presented by technology such as online scheduling or using social media to reach patients.

Implications for stakeholders

Belief in value

Physicians believe in the value of health information technology to improve the quality and safety of the care they deliver. While they do not necessarily believe that EHRs aid in diagnosis or treatment planning (and are particularly pessimistic about the ability of EHRs to lower costs), they recognize EHRs' importance in managing care and communicating with patients. Appealing to physicians' commitment to quality and safety has routinely been part of building support for initiatives, and may be helpful in efforts to advance implementation of IT.

Cost equals opportunity

The cost of HIT, both in terms of capital expense and impact on productivity, remains a major concern among physicians. While incentives for meaningful use offset this concern to a degree, the total cost and likely disruption continue to be barriers to adoption. However, this situation provides an opportunity for organizations that can assist physicians with improvements to financing, training, and process redesign, or that can provide alternative means of supporting their efforts to implement HIT systems.

Concern: Solo practitioners may be left behind

Solo practitioners face several challenges when confronted with technology adoption. They often lack the capital to acquire systems, skilled resources to implement them, and sufficient scale to modify workflows and achieve return on investment. With EHR adoption a requirement for many new initiatives (accountable care, clinical research, automated reporting, etc.), solo practitioners, and the patients they serve, may find themselves excluded from clinical and operational advances. This may compound disparities among communities and regions while limiting the impact of some programs.

Concern: Physicians in larger groups may lose touch with broader health care issues

As survey results show, physicians practicing in large groups are earlier and further more aggressive adopters of HIT. Use of EHRs is greater, preparedness for ICD-10 and meaningful use is farther along, and belief in the value of HIT is higher by physicians in larger practices. However, these physicians are also less aware of the drivers behind these issues. This raises several questions: Are doctors in larger groups somehow distanced or disconnected from macro issues, perhaps by layers of management not found in smaller groups? As groups continue to consolidate, will physicians be adequately informed to serve as leaders in health care's transformation? Will management be able to drive the change needed without physicians fully understanding the rationale?

Low utilization of online tools equals opportunity for consumer engagement

Despite the pervasiveness of online tools in other industries, physician practices currently make little use of them despite their potential benefits. Moreover, Deloitte's recent survey of consumers² found growing interest in the use of IT to improve their own health. Desire for secure messaging, personal health records, and even remote monitoring is increasing, and trust in information from physicians (versus search engines, employers, or payers) is very high. This should be viewed as an opportunity to better engage patients.

References

¹ Keckley PH, et al. *Physician Perspectives about Health Care Reform and the Future of the Medical Profession*. Washington, DC: Deloitte Center for Health Solutions. 2011. Available at: www.deloitte.com/us/physiciansurvey.

² Keckley PH, et al. *2011 Survey of Health Care Consumers in the United States: Key Findings, Strategic Implications*. Washington, DC: Deloitte Center for Health Solutions. 2011. Available at: www.deloitte.com/us/2011consumerism.

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