Adoption of electronic health records by medical specialty societies

Rao et al., by identifying barriers to adoption of electronic health records (EHRs) by physicians in small practices, help target interventions. One intervention that merits consideration is the adoption of EHRs by medical specialty societies. A medical specialty society could select an existing web-based EHR and host it on the society’s servers for the society’s members who have not yet adopted an EHR.

Physicians in small practices are concerned about financial barriers. Collectively, through their professional association, they would benefit from economies of scale. The American Psychiatric Association has, for example, 56,000 members, of which 30%, or 10,000, may be in small practices. Physicians in small practices are concerned about future obsolescence. With the market share delivered by the medical specialty society, the vendor would be able to stay in business and to continue to improve its EHR. Furthermore, the society, as the vendor’s largest customer, would be able to influence the future development of the EHR.

Physicians in small practices are concerned about their ability to select an EHR. The professional association could draw upon the expertise of its most knowledgeable and experienced members, including those who are also AMIA members, and of consultants. Physicians in small practices are concerned about their ability to install an EHR. Since the EHR would be web-based and hosted on the medical specialty society’s servers, the society’s IT department would install and maintain the EHR and the physicians would need only to configure and learn to use it. Learning to use it would be facilitated by the familiar web interface. The society’s IT department could also be relied upon to ensure the security of the data.

Physicians in small practices are concerned about an EHR meeting their needs. The professional association would of course select the EHR with its members’ needs in mind. At the same time, with less risk of future obsolescence, the physicians would be more willing to adapt their workflow to the EHR. Since different specialists have different needs, different professional associations might adopt different EHRs. The medical specialty society could simply endorse a web-based EHR hosted on the vendor’s servers, but physicians in small practices are more likely to trust the society with their data: they are familiar with the society, they have a voice in its governance, it will not sell their data to third parties, it will not go out of business, and it will not be bought by Google. Even so, innovations always take time to “diffuse,” and immediate universal adoption should not be the criterion by which the success of this (or any other) intervention is measured.

The “Stark Law” proscribes certain referrals of patients by physicians to entities that donate or subsidize their EHR, but physicians do not refer patients to professional associations, so professional associations are not “covered entities” under Stark. Some medical specialty societies already have some experience with medical informatics. In 2005, the American Academy of Family Physicians tried to establish a non-profit organization to develop and distribute an open-source EHR. It was not able to recruit other medical specialty societies to join it. The American Academy of Family Physicians and the American Academy of Pediatrics support the Dossia web-based personal health record. Dossia is funded by employers and operated by vendors. Five medical specialty societies are members of the MedBiquitous Consortium, which develops information technology standards for healthcare education and competence assessment. Information about the experiences of the medical specialty societies involved with the Dossia and MedBiquitous efforts could inform consideration of this intervention.

This intervention would certainly pose challenges. The professional association would need to engage a vendor willing to allow its EHR to be hosted on the association’s servers; to keep its members’ needs paramount when selecting the EHR, to refocus and expand its IT department; to embrace a new role—essential component in the day-to-day practice of the specialty; and to perform responsively and reliably. Configuring and learning to use the EHR, even though web-based, might be demanding for many physicians, and assistance from the association, the vendor, and Regional Extension Centers would be essential and would need to be coordinated.

United, physicians in small practices will, like physicians in large practices, adopt; divided, they will continue to be “laggards.”

Acknowledgments Christoph U Lehmann, MD, FAAP, FACMI, and Laura J Fochtmann, MD, provided helpful comments.

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Competing interests None.

Provenance and peer review Not commissioned; externally peer reviewed.

Received 8 September 2011
Accepted 15 October 2011
Published Online First 17 November 2011

J Am Med Inform Assoc 2012;19:143.
doi:10.1136/amiajnl-2011-000583

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