PHYSICIAN ATTITUDES & ADOPTION OF HEALTH INFORMATION TECHNOLOGY

Results Compiled on 6/9/2008

The Association of American Physicians and Surgeons regularly testifies before the U.S. Department of Health and Human Services regarding development and implementation of health information technology.

n= 430

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1. DOES YOUR MAIN PRACTICE USE AN ELECTRONIC HEALTH RECORD SYSTEM (EHR*) other than for billing records*?

❑	Yes.	81	19%
❑	No	349	81%

2. IF NOT, WHAT ARE THE BARRIERS TO ADOPTION? (*Check all that apply)*

❑	Lack of initial capital for software & training	262	75%			
❑	Concern about loss of revenue during adoption period	195	56%			
❑	Difficulty finding a system to meets practice needs	208	60%			
❑	Uncertainty of return on investment	244	70%			
❑	Concern about system becoming obsolete	218	62%			
❑	Concern about loss of productivity	226	65%			
❑	Concern about capacity of you or staff to implement	189	54%			
❑	Concern about patient privacy protection	260	74%			
❑	Disruption to practice	250	72%			
❑	Concern about increased legal liability	200	57%			
❑	Concern about government mandates for implementation			273	78%	
❑	Concern about government or insurance company interference in clinical decision-making				262	75%
❑	Potential for linkage between EHRs and pay-for-performance			233	67%	
❑	Concern about link to centralized government medical records			268	77%	
❑	Prefer personal clinical notes			248	71%	
❑	Other_____					

3. WHAT INCENTIVES WOULD HAVE AN IMPACT ON YOUR DECISION TO IMPLEMENT AN EHR? (*Check all that apply)*

❑	Monetary incentive for purchase	189	54%	
❑	Monetary incentive for staff training	180	52%	
❑	Additional payments for adoption	169	48%	
❑	Enhanced legal protection who use EHR	193	55%	
❑	Additional legal liability if NOT using EHR	109	31%	
❑	Government/industry adoption of uniform certification standards	127	36%	
❑	Increased patient privacy protections	161	46%	
❑	Guarantee that systems would not be linked to P4P or EMB mandates	208	60%	

4. IF YES to Q1, WHAT FUNCTIONS DOES THE EHR SYSTEM INCLUDE?
IF NO to Q1, WHAT FUNCTIONS WOULD YOU LIKE IN AN EHR SYSTEM?
(*Check all that apply)*

		yes to 1		no to 1	
Health information & data					
❑	Patient demographic information	73	90%	124	36%
❑	Patient problem lists	64	79%	120	34%
❑	Patient medication lists	69	85%	135	39%
❑	Clinical notes	75	93%	123	35%
❑	Notes including medical history & follow up	73	90%	127	36%
Order entry management					
❑	Computerized orders for prescription	50	62%	103	30%
❑	Computerized order for labs	41	51%	97	28%
❑	Computerized orders for radiology	39	48%	90	26%
❑	Orders sent electronically for prescriptions	30	37%	96	28%
❑	Orders sent electronically for labs	28	35%	89	26%
❑	Orders sent electronically for radiology	23	28%	89	26%
Results management					
❑	Viewing labs results	57	70%	117	34%
❑	View imaging results	44	54%	104	30%
❑	Electronic images are returned	27	33%	70	20%

Decision support

❑ Warnings of drug interactions or contraindications are returned	40	49%	119	34%
❑ Out of range labs levels are highlighted	34	42%	116	33%
❑ Reminders for guideline-based interventions & screenings	20	25%	88	25%

5. IF YES TO Q1, DO YOU CONTINUE TO KEEP PAPER RECORDS?

❑ Yes	22	27%
❑ No	25	31%
❑ Some	27	33%

	Yes to 1	No to 1	All
AVG. # OF PHYSICIANS IN PRACTICE	14.3	2.9	5
AVERAGE AGE	52.6	57.7	56.7
AVG. # OF YEARS IN PRACTICE	21.9	26.5	25.6

	Yes to 1	No to 1	All
MEDIAN of # OF PHYSICIANS IN PRACTICE	3	1	1
MEDIAN AGE	52	57	56
MEDIAN of # OF YEARS IN PRACTICE	20	25	25

HIT SURVEY 2008 COMMENTS:

Specialties Responding

Family Practice	73
Psychology	38
Internal Medicine	33
OBG	27
Orthopedic Surgery	27
Ophthalmology	26
General Surgery	22
Dermatology	21
ENT/OTO	15
AN	14
Neurology	13
Pain Management	13
Urology	12
Pulmonary Diseases	11
Neurosurgery	8
Vascular Surgery	6
Cardiology	5
Radiology	5
Gastro	5
Emergency Med	4

Other Barriers to HIT Adoption:

A patient's medical history is nobody's business but the doctor's and the patient's.

All EHRs examined are cumbersome and ineffiecient

As a 'computer programmer,' can see pushing buttons to make statements about a patient's health, really makes patient care more distant, takes the personal, hand-touched art out of practicing medicine, AND lends itself to inaccuracies and errors

As a primary care physician, I rarely see patients for one problem, yet most EHRs Ive tested are based on the 'problem/visit' models.Expanding the visit to include the 'oh, by the way, doc's' is cumbersome and even more time consuming.

Better--paper record (for patient, also, to keep)

Big Brother is watching you--1984

Can't view my study printouts and look for change--pages 'turn' too slow

Comment: I do write notes on my computer but it is not part of any 'system.' I do not send bills via computer.

Comment: as anesthesiologists, we use the hospital's EMR, but we haven't implemented our own.Possibility that it won't lead to improvements in quality of care

Comment: However, I work with a physician's group to promote EHRs and run into many obstacles

Comment: we have spent upwards of $200,000 on Nextgen software plus hardware for our clinic and have never been able to make it function over the past 5 years

Compatibility

Concern about presumed access to record by multiple non-insurance third parties.

continued cost of support, maintenance, and updates of hardware and software

cost benefit ratio too high

Cost of upgrades

degradation of personal dr/pt relationship. Instead of a conversation between two people there is the intrusion of a mechanical 'other.'

Distraction from personal patient care

diverts attention from patient to data processing

Doesn't work. Studies show no better. Push for EHR due to 'Big Brother's' appetite for info and control.

Don't need it or want it. Concern about accuracy. Many of the automated consult letters I receive contain glaring errors and omissions.

EHR generates false pre-programmed info that does not truly reflect the time actually spent with the patient allowing the MD to 'upcode' for the visit and bill higher. It is more honest for me t spend 20' with my patient and write wo words of actually pertinent info.

Ehr in use for nurses only at my second site and it slows down the care they give.

EHR is most impersonal. It does not give a fell for what is going on with patient.

EHR notes are poor, very poor. Full of useless verbiage and usually no place for physicians to add specific notes (or they are lost in the mass of irrelevant detail automatically supplied by the program. Also encourages physicians, who are often pressed for time, to make any specific notes.)

EMR are very time consuming, result in production of lengthy repetitive notes of questionable clinical value and reliability. Comment: companies go out of business and new systems need to be installed. Comment: Federal and state govt. will continually add requirements

EMR printouts contain extensive boiler plate data. The real data is hard to glean from the chaff.

Fills the chart with negative (non-used) information

Getting the computer 'right' will become more important than taking care of the patient.

Have started process

Have used EHR and find written records more reliable and practical

I am a fulltime ER doctor. I have no say but if they go electronic, I go.

I am blind

I am concerned with control that's being exercised here. There's no room for creativity, judgement and financial shortfalls. If the government or insurance companies would take the overhead including this financial then it might be palatable

I am not a good 'typer'--on a keyboard--I do not type at all. Don't want to type, never will. I am not trained as a secretary or clerk.

I do not want to have to turn on a computer everytime I speak to a patient or need a chart with consulting with another physician or a pharmacist.

I feel like I would be a secretary to enter data on my patients so that government can easily slide into socialized medicine.

I hate typing and anything that distracts me from writing and examining

I have not found a system that will speed up my patient encounter. All make it slower--with keyboard--not patient--time.

I see no benefits; would certainly disrupt my thinking process.

If mandated--no standard for format. Took 15 years to finally get standard for electronic billing. If purchased would be faced with frequent expensive changes to format. They still can't get the new NPI number to work! Everyone I know who spent $50,000 to buy a system either junked it or are planning to!

In 2000, I lost my billing staff. Led to a computer-based billing system due to that. The transition was horrible! I could not use the system myself and training for staff was expensive; the IT guy was expensive; billing personnel who had experience with my system were few. In the end, 4 years later, I had an AR $136,000 and as a consequence, I closed that practice

Inappropriate EMR causes defocus from reason for visit, etc. Problem with sketches. Still would need 2 charts--one paper, photos, etc. and 1 EMR

Inefficient. They do not provide the clinical data that I need.

Isn't that enough?

It is impossible to skim through an electronic record to find data. It is impossible to sketch the affected anatomy in electronic records. If the computer breaks down or the technology becomes obsolete, the patient record disappears. It takes too long to enter data into a computer. You still need a paper chart to share reports and other patient paper records.

It will be of no value in my single practitioner spine surgery practice

lack of any standard format/compatibility of various systems

Lack of personal patient interplay

Less time with patient, more time with computer. There are better ways to give ER docs access to patient's med records. Survey ER docs to learn what info they would need when pt. is unconscious. Put that into pt. ID card using 2D Barcodes or magnetic strips. Card readers in ERs can then access that info. If AAPS helped develop and sponsor this for its members, it could be a source of $$ for AAPS

loss of dr-patient relationship

Loss of patient control over privacy of records

Loss of quality of patient's personal records.□Physical deterioration of data over many years□Inadequate accuracy of voice recognition technology□Lack of evidence that EHRs are any better or equal to paper records except in narrow applications□I purchased an EHR system and was unimpressed

Main reason: prefer personal notes. I believe dictated notes are more specific and detailed and are customized for each patient visit

May not be able to get to computer records in case of computer crash or power failure (eg. Katrina).

most software have major problems in functionality and changes how physicians practice in a potentially negative way

Must have voice recognition for input at 100% accuracy and reliability.

my patients are given copies of all reports (lab, x-ray, consults) as they are collected and told to keep in their medical file

No adequate voice recognition systems

No clinical evidence that this improves outcome. No clinical evidence that there is a return of investment.

No evidence that EHR will improve care or reduce costs to the patient/doctor/healthcare system.

No improvement in quality of care provided.

Once they force us into the more expensive, time-consuming system that does not work, they own us! It is too easy for the courts, government, hackers and insurance companies to take 'all,' once it is in the system!

One of worst business decision we made.

open source software is available (but VA Vista split into Open Vista and World Vista groups and is written in a language that is not known to many programmers) but I haven't taken the time to find something that could work--I don't know if any of them can keep up with the government requirement

oppose all government interference

Paper charts are much more accurate and efficient for me.

Patient safety

perpetuation of errors

Preoccupation with the computer takes time from patient. Increased errors from EMR especially CPOE. We already have well established safety checks and reviews in our system for tracking tests and medicines. No system especially CPOE have been tested for safety and efficacy nor approved by any regulatory agency and thus the alteration of care from these (?) is nothing but an experiment and patients have not signed consent

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agency
Reduced time with patients. My patients complain about other doctors playing with EHR computer instead of looking at them during visit.
reliance on psychological pen and paper tests
Slower system than handwritten notes
slows review of chart at each office visit
some parties are paying $10,000 per month for technical support
Sorry, I cannot fill this out--I have visual problems
Still building the software
Studies are not showing conclusive evidence that EMRs improve patient care or safety, but do increase practice costs.
systems are difficult to implement; I've been trying for 2 years
The EHR in the hospital slows me down. A paper record is more efficient for me.
The systems seem to impede quality clinical care and passing along of relevant clinical information
There is not one advantage to me, at all!
There is one product I would use, PRAXIS. [www.informed.com] I would need $30,000 infrastructure and $30,000 adoption overhead grant in order to do so
They don't improve patient care--just adds to overload
time taken up up for data; focus on computer rather than on patient in the exam room
Too rigid. I like to draw pictures of what I see on ophthalmological exam.
Typed, dictated note can be read much more quickly. I use a print about 1/2 the size of your print on this page and there are perhaps 4 or 5 pages of regular print per page which I read without glasses. Computer and power problems do not hide my records.
Unfunded mandate with huge cost in a severely declining reimbursement arena.
without a personalized note, it is worthless

Reasons for keeping some paper records:

We receive paper records from the hospital consultants
We are eliminating quickly except (ironically) govt. makes us keep some on paper still.
use hospital's EMR but receptive mode expression is still written, i.e. notes and orders
transition
Thankfully, I have 1 clinic still using paper records.
still get lots of papers--letters, urgent care and ER notes, etc.
some images. Previous records (3/2006 and earlier)
smaller sites
slowly eliminating paper
problem list; dx/rx if EHR computer is down, not functioning or slow
outside reports only
older charts have not been scanned. All new patient--EMR
old records
old charts are not scanned in
old archived from prior to EHR
OB records
OB patients still have a paper chart
no need--scan necessary documents
minimal use of paper and keep children's drawings, etc.
keep some paper records for 3 months

keep paper copies of some physical forms and lengthy report
just during transition period. All will eventually be scanned.
I keep my old paper records
Easier to retrieve and compare
easier to find info from previous records
currently scanning all old records--we estimate 3 years to complete
Anesthesia records not on EHR
All paper scanned to computer
all MDs do not agree

Other comments:

[Government/industry adoption of uniform certification standards] would make me NOT do a EHR

[No incentive] unless it can speed me up, not slow me down!! The computer was suppose to be smarter and faster--NOT!

[Order entry management]: supposedly included but not functional except that phamacies don't receive them

[Privacy] cannot be guaranteed. Therefore prefer my own lock/key system.

[Regardless of incentive] I still wouldn't do it because privacy cannot be protected

Adoption has been a mixed bag.

Adulterous and criminally drunk politicians and hospital administrators and briefly educated nurses seem to be on 'major network media' discussing health care; when they have never had as much education and experience as MDs in private practice.

At this practice, we made the decision from the beginning to use an EHR. It has not been as good as we hoped and still too expensive for upgrades, but I would not want paper records again.

At tremendous cost we have enjoyed the small benefits with decreased transcription and filing cost and faster access to records.

Attorneys should also keep electronic records so they will not bill for more than 24 hrs. a day and will not overlap the time with all their clients (double, triple dipping).

Based on theft of data from 'secure govt. databases,' I do not believe privacy is a realistic possibility.

Being 'old fashioned' I believe that electronic records are too easily used for the detriment for physician and patient. Privacy is moral and ethical.

Call my son (PhD) who does our computer work and has written our software for billing--He can give you first person account of the hours of dealing with CMS on this subject. John Pittman Hey, (662) 453-8412,

Centralized database of electron information would be a disaster. Loss of confidentiality would be a guarantee and privacy would no longer exist!

Concern about ability to customize program Unlikeliness of reduced paper usage Potential advantage--reduce storage requirements

Current EMR are inefficient and a poor substitute for good clinical notes. They basically are 'empty' of important clinical data and full of useless recipe lists.

Current privacy policies allow widespread personal data exhange and analysis. I would support EHR only if Federal felony statutes applied to all uses of medical information except direct caregivers. (No insurance companies or government agencies ever had access.)

Discovered my computer was randomly saving some data in incorrect location--so I added paper records 2 years ago. The computer is now just a typing machine.

Doctors must start to charge not only like lawyer, but like taxi-cabs. In other words, by time and distance. In medicine this would be exam and time. Grow up medical professionals; take action; stop being such cowardly, spineless, wimps!

Does AAPS think EMRs are a good idea? This survey makes me think you want to know what barriers need to be removed so I and others will get EMRs. I don't want them.

Don't use or have a computer

Don't want EHR--at a Pittsburgh Emerg. Dept./Hospital, EHR with computer order entry increased mortality.

EHR can never guarantee patient confidentiality. Thus, physicians should avoid EHR at all costs. Do not intend to adopt EHR unless forced to do so.

EHR does not seem to benefit my (General Surgery) practice. Office notes are often follow-up--short, quick notes.

EHR is a scam--just one way to further government intrusion into private practice.

EHR is designed for outside groups to monitor what is going on in a clinical encounter. It slows the physician down. It is intrusive and there is great risk of information misuse. The adoption of EHR by my network has been one of the saddest events of my medical practice.

EHR is inefficient; Garbage in, garbage out; Standardize all lab/xray reportin/interface as 1st step

EHR to be implemented 06/08

Electronic records help in learning about patients and previous visits; much faster than getting old records from upstairs. Lab results, xray results come to computer, saving time chasing these down. Discharge instructions readily available and possible to provide more complete information Ability of systems to accomodate history of varying presentations of illness is still a problem.

EMR is a way fo tech companies to suck profits out of the health care sector. A future with endless updates, compatibility with old/new formats, back of customization, etc. Stay with pen & paper.

EMR is being pushed by insurance industry through government so they can discriminate against patients and physicians (as with HMOs).

EMR is being pushed so that government and/or insurance companies can gain greater control over the medical profession. It will not lead to better patient care. It will lead to rationing of medical care to decrease the cost to government and insurance companies. It will also lead to the further dehumanization of medical care. EMR must be opposed.

EMR is not the issue in healthcare cost savings, quality control or access. A single payer system that permits balance billing will go a long way to changing, for the better, this healthcare system.

EMR places more of the work of record keeping squarely on the shoulders of the physician. On the other hand, it allows me to control the contact and appearance of the record and keep an excellent audit trail.

EMR used is hospital system, not my own.

EMR/EHRs would be helpful to MD who sees people longitudinally--1 degree care or specialists in chronic disease management. They are of little value to specialists like me, general surgery, because I see patients episodically--once prep visit, once in OR, and once or twice follow-up.

EMRs need to be radically simplified

Forcing me to go to EHR will only cause me to spend money I cannot afford. It will not result in better care for my patients. When patients transfer to me with reams of EHR and then report they spent 5' with the doctor (or NP or PA), I am appalled (but not surprised).

Further depersonalization of medical practice and patient relationships.

Good survey!

Greatly resent efforts to cram EHR down my throat and will NOT do it. I'll retire first.

Had a system--total cost $35,000. Never functioned, tech constantly needing to reinstall, reconfigure, etc. Table of computers broke in 12 months. Now blessed with no system and still paying for something we don't have ($35,000 paperweight.)

Has been very expensive--about #300,000--in 2006 Last revision much higher

Has slowed productivity. Hasn't come close to recuperating $100,000 cost!

Help us out here! On the Front Lines!

HIPPA exempt; will not wear HIPPA handcuffs

How am I supposed to listen to a patient while I'm typing. Physicians must refuse to do this if they don't want to. Just what I want--something to really make me idiot provider', a term I

always cross out and write Doctor. Please call me to help fight this crap. (610) 642-9944

I am actively looking for a grant as described under Q2. I welcome any references. I have worked with several EHRs, and PRAXIS is the only one that comes close to satisfying criteria for benefitting medical care

I am actually 'playing with' an EHR system called Medinotes. I've discovered that it actually slows me down!

I am afraid the computer screen will interfere with personal interaction with the patients will take too much time to enter data. I will miss my ophtholmologic drawings of the pathology.

I am an expert in computers and medical records who teaches at a very reputable family medicine residency. It is a mixed bag but the bottom line is that the government should stay 100% out of medicine and if and only if it does will medicine be free to optimize the use of computers

I am blind and can't imagine any circumstane which would make this workable for me. I run my office alone during office hours, no assistance available.

I am employed by the Federal Government. If it was my choice, I would ban the use of EHR. It is a rope being handed to physicians to hang themselves with. The result is less profit, increased regulation/control, legal and license risk. It is an assault on physicians to dictate how you practice. It is a very efficient way to socialize medicine. The Feds, insurance companies, and organizations, including sell-out physicians, that will set the parameters on how we practice and 'criminalize medicine' will be the winners. The physicians and patients--the losers.

I am solo practice in a small town but part of a larger clinic model. This pays for the EHR--no way would I be able to afford it otherwise.

I am very concerned about 'Big Brother' given the wide array of government's efforts to collect, analyze, and use data today. The list of areas of involvement is long: airlines, highways, trade, traffic, telephone, etc. Healthcare is just one more!

I am waiting for ability to do electronic prescribing. I use Amazing Charts--cheap and easy.

I believe I have the right to determine in my solo private practice what works best for me in regards to medical records keeping. I choose to use a paper record format.

I deal with chronic pain. I depend on a patient variant of a house tree persons test. This is cross-checked wit patient's list of pain problems. Medications are ordered. this test showing pain problems is not used by anyone else. Yet show subconsciously the patients pain problems. Time would have to be taken to scan the picture. Months or years later the pictures will tell what problems the patient had test day.

I did for $40,000 what the unsuspecting (everyone else) pays up to $250,000 for and it is an interesting story. I went with GE because it stands best chance of surviving both competition and govt mandated use. I will save money but I negotiated 60% off cost and have 3 employees and 30% overhead. I do not think should be forced on us. If we socialize I am quitting after the addicting and financial incentives go away.

I do not approve of EHR.

I do not transmit clinical info to 3rd parties.

I hate liberals.

I have a practice divided between prior routine exam patients, a few new routine patients and many referrals for hysteroscopic surgery. Most patients could be handled with a simple template. I am probably in the last 5-6 years of my practice and do not want to make a large investment that will be of little benefit.

I have been indicted and my license is under a hold because my EMR error (according to the DA) caused death. Whoever heard of an error in a progress note causing death!! It cost me $1,000,000 and is still not done!!

I have major concerns about privacy and EMR, plus the cost would be prohibitive to a small primary care practice. We don't make enough money to pay for it.

I have no studies that conclusively document EHRs to patient safety or improve quality of health care delivered.

I have seen an excellent EMR system for: 1) patient flow (exam room, x-ray, cart room, etc); 2) patient records (scanned past Hx, soc. Hx, insurance records, demographics, meds,

allergies, dictated present illness exam findings, Dx, treatment plan. Touch-screen for all records review, orders, RXs, images. I would use EMR only to increase productivity and accurate documentation and to ease billing/collection.

I have worked in both environments: EHR seems better suited for larger, deeper pocket institutions with multiple medical personnel interfaces. Very small practices (like mine) would actually be encumbered by the additional expenses and clinic downtime to use computer input/output. A traditional system of simple clinical notes, faxed reports/records is much more efficient.

I hope that EMRs will never be forced upon us.

I keep paper charts. But the secretary keeps the typewritten notes in the computer. this is for patien/staff convenience. My computers ae not hooked up to anything online. Besides, privacy and govt. interference concerns. These EHR fail and are actually less user-friendly than an organized medical chart. 'Surfing' a chart is not helpful to me. A backup of the computer allows me to restore paper charts should a catastrophe ever happen.

I love the idea of EMR but don't see the practicality of them in my limited (phlebology) practice.

I love to practice medicine but with all the regulations from private insurances and government, I have found myself wishing an early retirement or doing something else to earn a living. Uncompensated paper work that I do for third parties such as HIPPA, OSHA, home health, vendors for medical supplies for patients (wheelchair, scooters, documentations, canes) EXHAUST ME.

I often receive copies of EHRs on patients. Many of them are cookie-cutter templates to satisfy a third-party but do little to improve patient care.

I retired because our local hospital told me I would have to do it [use EHR]. I recently ran into one of the hospital nurses at a hardware store. She gleefully said 'hello' and we talked briefly. As I turned to go she took my shoulder and said, 'Dr. Mogelvang, I have something to tell you...Dr. Mogelvang, you have NOT been replaced!'

I seriously doubt it has increased quality but it certainly makes me less afraid to bill correctly!

I think EHRs are an illusion to creating quality assurance. They are cumbersome, distract from patient/md interaction, and have multiple possibilities for unintended consequences. Further no standardization and no knowledge from the info will be used by government and private payors. ? confidentiality risks.

I tried and EHR system (PowerMD) 5 years ago and it greatly increased my charting time and took away from face to face patient contact. The only way it might work is to use a scribe. They are too template oriented. It's easier to use my check form lists with narrative.

I uphold the freedom of a physician to be able to choose methodology for medical records--paper/traditional vs. electronic. Physicians should not be held hostage with denial of payment if not using EHR.

I use scanned medical record and it works great for me. When I decided not to use EMR (I was using), the vendor exorted me in paying a user fee to access the record even though I was not using program.

I used EHR 5 X for many months each since 1965, such as Diagnosis Analysis of my practice in 1967. My current paper page for each visit (all phases) (cc given the patient) does better than EHR in privacy, portability, accuracy, and especially patient following advice.

I was trained as a computer scientist. No record is secure on the computer.

I will close my practice in a rural underserved area with a significant shortage of psychiatrists if I am required or pressured into getting EHR! The cost and hassle of EHR would put me out of practice. Then where would my patients go for help?

I will have to close if EMRs become mandatory--unless it is funded

I will never type anything. Voice input absence is a deal breaker.

I will not implement EHR until all government mandates, pay for 'performance,' EMB are abolished, and if government mandates EHR, I will immediately retire.

I will NOT under any circumstances comply with EHR mandate. There is no real benefit for me or my patients. I do not plan to retire as long as my health and joy or practicing my profession continue. If I cannot practice without EHR I will retire.

I will retire it mandatory EHR are implemented.

I would love EHR system if only purpose was to increase our efficiency of work. Unfortunately, I have no doubt the systems will be subverted and the information will be captured for the purpose of reducing payments and increasing control over our practices.

I would never go back to paper records. However, use of an EMR should be an option for older practices and a phased-in requirement for younger more computer literate providers.

I would rather retire from medical practice than to put my patients' medical records in a digital format that could be hacked into by criminals, foreign hackers or government officials acting either in official capacity (think of J. Edgar Hoover snooping on Martin Luther King's phone calls) or unofficial capacity.

If EHR is mandated and I consider it too costly or invasive, I will either opt out of programs (medicare) or insurances that require it, or I will cease clinical practice.

If forced to buy EHR system to be licensed, will quit.

If have an independent practice (without insurance forms) would not implement EMR. Very costly for information obtained and a burden for physician. Practice that will not improve quality of care.

If it were easy to customize for my practice, I would be more inclined to consider an EHR

If it were in my power, I would trash the whole system and go back to paper and peg-boards.

I'll be out before this is implemented but it's a sad day for medicine's reputation and lefty ideals of patient advocacy. There's another place we're falling down in patient advocacy and that's generic drugs. From where are they coming and what's the FDA doing to ensure quality assurance for these drugs made out of country? Did you know, for instance, that Cuba is the largest pharmaceutical producer in the world?

I'll retire before investing in a system that causes more problems than it solves

I'm already out of the system and plan on never returning. Show me the money!

Implementation specialists don't know their own product

In an age of shrinking reimbursement to physicians and rising costs, who's going to pay for all of this?!

In years 2000-2002 we used MediNotes EHR-- this was a DISASTER. We use MSW based templates to generate comprehensive notes.

Incentive: Guarantee that patient has say whether or not their medical information be placed on any database outside of their doctor's office.

Incentives would have to be very high!

It is a document managed system--SRS Soft--not a true EMR.

It is a mistake to see the debate over EHR as one that has anything to do with patient care. It is about putting in place the mecahnism for government control.

Keep fighting

Leaving practice a good option

May retire before long.

My age and nearly the end of my career have little to do with my not adopting EHR. I've been looking for a satisfactory/affordable system for over 10 years. Would like to end up using one. However...

My opposition to EHR is not based upon any unfamiliarity with computers. I have been programming computers for more than 30 years, am very comfortable with them, use them all the time, and have 6 computers in my office plus 5 computers at home. My opposition to EHR is that EHR is a really bad idea for health care and will decrease the quality of care for patients.

My system is completely off-line. My EHR does NOT interact with scheduling/billing software. I print all notes to paper. My digital archive of old records. Therefore, the EHR is to (1) save time charting, (2) make notes legible.

Never will [use EHR]

No desire for EHR.

No time left for me.

NOT A GOOD IDEA. Patients shuld be give a medicine record from their pharmacy and patients should keep and collect copies of labs, x-rays, and consults

Not interested in EHR; I don't plan to use or want EHR

Nothing transmitted electronically

Once they are there, EMR will be mined for information we generally choose not to divulge.

One year til retirement.

Only incentive: gun held to my head

'Only' lost $250,000 5 years ago, but by being able to hit all the 'bullet points' the insurance companies and medicare lose all their downcoding so it has over time paid for itself.

Our EMR is down sometimes; when it is, I am the only one in my practice who can function well. Because I am the only one with a paper chart!

patient owns chart, I just have custody of it.

Patients will need to fit the computer format rather than their individual needs.

Presently not acceptin insurance, medicare, or medicaid

re #3: Incentives: approval by FCA or other authority for safety and efficacy. Take the fraud out of the system

Really don't have a feeling I need EHR, that itwould benefit my care to patient, so I don't want EHR.

Reducing the patient--a human being--to data is risky when the patient's medical problem is largely physical. It is impossible to do accurately when the patient's problem is emotional. Any benefits from such dehumanizations are outweighed by the harm, in my opinion.

Referring to #4: Yes to all but it has to tie in a manageable multiscreen/box format

Return to free, private care; pay for services of patient care by doctors. Otherwise, just get it over with, completely socialize medical care and have 'qualified' doctors as employees in a civil service bureau.

slow process; still learning

Some physician practices (surgeons and internists) have EHR. They are cumbersome, loaded with irrelevant information and very, very cookie cutter. Too much writing for way too little info!

Started with EHR. Annual upgrades included with annual fee: $3200.

Still haven't found an EHR that is as efficient as paper. Hopefully, it will come.

Thank you! Ask the legislators if they will have their own records on the massive database. I'd love to meet the first hacker to get to Hillary's medical records.

Thanks

The clinical aspects of EHR are wonderful. I think that small practices will need to pool resources because of the immense costs.

The EHR does not make sense financially and that is a case worth making but framing it that way leaves open the fantasy of a technological of financial solution. I would never implement an EHR because confidentiality can never be assured. I intend to keep practicing with paper records forever because I believe it's best clinically and ethically and patient who want paper records should be able to access medical care on their terms. As a patient I would never accept an EHR because I don't buy it. Even if EHRs are mandated I will ask my doctors to keep my records on paper.□No incentive would get me to adopt an EHR, not even a legal mandate.

The EHR makes no economic sense. It jeopardizes patient confidentiality. It also is filled with fluff--extra words and phrases put in to justify higher coding which when received by me after a record request are so hard to decipher! So hard to get to the meat of the issue!

The negatives--actual and potential--far outweigh any actual or potential benefits.

The Nextgen product is terrible and expensive!

The only improvement from governmental involvement in medicine is less to no involvement.

The privacy issue is a farce. There is now very little protection of patient records to the willing hacker. Only a matter of time before the insurance industry and US govt. are connected. Thanks for the survey and the work you are doing.

The quality of our admission and d/c summaries has plummeted. Letters wnet to that administration that the admission note computer allowed did not meet the local standard. Nothing happened. Our d/c summaries used to lead the reader through the hospital stay.

Now they only tell the d/c dx and d/c meds.

The whole medical care system is headed for meltdown as politicians want to take credit for 'taking care' of everyone's health while not wanting to pay for it. The burden of bureaucracy is strangling patient care.

There is no possible absolute privacy protection for any form of medical record--as long as government can take whatever it wants, whenever it wants. However, paper records (until more sophisticated scanners are invented) offer our only means of helping to protect our patient's privacy.

There is no relationship between quality and EMR. This whole thing is a combo of insurance company and politicians who want to be seen as doing something.

Time not available for balanced life any more. Demands, deadlines disavow a realistic balanced life.

Totally against EHR.

Unable to trust government to keep patient's records private and confidential.

Under no circumstances would I agree with placing private patient information on a computer database given my patients ae being treated for psychiatric and addiction disorders. Paper records are kept under lock and key.

Use computerized system for generating obstetrical ultrasound reports and some consultation

Very expensive and we MDs paid for it all with no opportunity to pass through the cost like other 'normal' businesses amd especially the government.

Very soon every MD will be forced by his local IPA medical society or hospital association to buy EMR. Government cares only about control and reducing costs even if it has to find a sneaky way to make the sick die at home without medical care. EMR is one step toward reducing the population.

Very unlikely to implement

We are force to do this by insurance companies and the govt. I do not see any return on investment. We will start over again with new system in 3-5 years. I see less patient because of time on computer. IT people have not clue on how to see a patient.

We do fairly well with our own notes. I type mine because my writing is unreadable.

We don't want another way for Big Brother to track our practices, money and time. No Thanks!!

We implemented computerized order entry in my hospital. All 5 doctors in my practice quit using. The time for hospital rounds was tripled and it took 2 months to implement a simple change in our personal order profiles

We need to push 'evidence-based' government mandates, just like those mandates-based on theory, a wish and a prayer (maybe)--require doctors to practice 'evidence-based' medicine. the last government brainstorm produced 'managed care,' which only 'managed' money for itself by rationing care and discounting providers' income.

We should fight this and never surrender! This will let the enemy in the gates and put him right in the heart of our camp. It will give him they keys to the kingdom. We will become mere serfs. Where is Braveheart?! Neither love, money or any so-called 'incentives' would persuade me to adopt something that will result in the complete loss of autonomy, privacy and freedom in medical practice and, eventually, personal freedom as well. This is a Trojan Horse.

We tried to implement an electronic medical record but found it quite cumbersome and inefficient.

Web-based; don't want to buy software that can break down. EHRs are not worth the cost. They are only good for connecting data such as P4P.

We're a Beta site for a product and they can't deliver a working product after waiting for one for 4 years. Appointments and billing are OK but the EHR is an unworkable mess even with the last update.

What patients need is a committed retreat from government participation in medical care (research as well as treatment). Government participation invariably equates to attorneys practicing medicine, and this increases patient morbidity and mortality always.

Will retire from medical practice if electronic records are mandated.

Will still require paper records. Private insurance should have no access. We do not have

access to their records.

Will still require paper records; Private insurance should have no access--we do not have access to their records

Worked part time at a hospital outpatient that had EMR. Takes too long, nor as complete as doctors will write volumes but type minimal. Productivity=$$$

Would never go back to paper!

Would retire rather than adopt government mandated EHR!

Wrote my own software