Only 4% of Physicians Have Comprehensive EHR

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A bout 17% of U.S. physicians have electronic health records in their offices, but only 4% of those doctors have comprehensive systems, according to a survey of more than 2,700 physicians nationwide.

However, more physicians are planning to purchase or implement the technology soon. For example, of the 83% of physicians without an EHR, 16% reported that their practice had purchased a system that had yet to be implemented. And 26% said that their practice was planning to purchase an EHR system in the next 2 years, according to a survey (N. Engl. J. Med. 2008;359:50-60).

“If these intentions are realized, we could see a good-sized increase in the number of physicians with an EHR over the next 3-5 years,” Catherine DesRoches, Ph.D., the lead author of the study, said during a press briefing to release the survey results.

Dr. DesRoches is an assistant in health policy at the Institute for Health Policy at Massachusetts General Hospital in Boston. The nationally representative survey was conducted between September 2007 and March 2008 by researchers at the Massachusetts General Hospital, Cornell University and the George Washington University. The study was funded by the Office of the National Coordinator for Health Information Technology, part of the Health and Human Services department, and the Robert Wood Johnson Foundation. Some of the researchers reported receiving grant support from GE Healthcare, which markets EHRs.

The Office of the National Coordinator for Health Information Technology commissioned the survey to provide a definitive national estimate of EHR adoption by physicians in the United States. Previous estimates of adoption range from 9% to 29%, but most of the esti...
Important Safety Information for SEROQUEL, continued

• Warnings and Precautions also include the risk of orthostatic hypotension, cataracts, seizures, hyperlipidemia, and possibility of suicide attempts. Examination of the lens by methods adequate to detect cataract formation, such as slit lamp exam or other appropriately sensitive methods, is recommended at initiation of treatment or shortly thereafter, and at 6-month intervals during chronic treatment. The possibility of a suicide attempt is inherent in schizophrenia, and close supervision of high risk patients should accompany drug therapy.

• The most commonly observed adverse reactions associated with the use of SEROQUEL versus placebo in clinical trials for schizophrenia and bipolar disorder were dry mouth (9%-44% vs 3%-13%), sedation (30% vs 8%), somnolence (18%-34% vs 7%-9%), dizziness (9%-18% vs 5%-7%), constipation (8%-10% vs 3%-5%), anemia (5%-10% vs 3%-4%), abdominal pain (4%-7% vs 1%-3%), postural hypotension (4%-7% vs 1%-2%), pharyngitis (4%-6% vs 3%), weight gain (5%-6% vs 1%-3%), lethargy (3% vs 2%), nasal congestion (3% vs 3%), SGPT increased (5% vs 1%), and dyspepsia (5%-7% vs 1%-4%)

• In long-term clinical trials of quetiapine, hyperglycemia (fasting glucose ≥ 126 mg/dL) was observed in 10.7% of patients receiving quetiapine (mean exposure 213 days) vs 4.9% in patients receiving placebo (mean exposure 152 days)