Disparate Access to Electronic Health Records and Quality Reporting among US Urologists

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INTRODUCTION

• The 2009 HITECH Act aimed to promote the adoption and use of health IT, particularly EHRs
• Increasingly, physicians and organizations have bet heavily on EHRs as a mechanism to improve the quality of healthcare
• However, given the logistics and cost associated with EHRs, implementation may vary

METHODS

Data Source
• AUA 2014 Census Data

Primary Outcomes
• Type of EHR (ONC Certified vs. Basic vs. No EHR)
• Plan for EHR-based Quality Reporting

Exposures
• Urologist characteristics (age, gender, race, experience, fellowship, practice setting & size, employed status, patient visits, work hours)

Statistical Methods
• Bivariant and Multivariable Analysis

RESULTS

Among 2,204 US urologists in 2014:
• 1,157 (52.5%) had a certified EHR, 878 (39.8%) had a basic EHR, and 169 (7.7%) reported no EHR
• 655 (29.2%) planned to use an EHR for quality reporting with a higher proportion reported for those with basic vs. certified EHR (36.9 vs. 28.3%, p<0.001)

RESULTS CONCLUSIONS

• Cross-sectional data with 20% response rate
• Limited information on specific EHR/IT behaviors

LIMITATIONS

• While >90% of US urologists had a EHR in 2014, only half had a certified EHR
• In 2014, only a minority of US urologists planned to leverage the EHR for quality reporting
• Uptake varied by urologist age, practice, and work effort

IMPLICATIONS

• Clinician needs likely differ between those in smaller/self-employed practices and those in larger organizations.
• Specialty-wide QI efforts that plan to use EHR technology will need to account for these disparities.

REFERENCES