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## Some Doctors In Arizona Are Pulling The Plug On EMR

By Chris Clancy



Recently a friend of mine got rid of all his TV-related technology, reasoning that the once-simple act of sitting down in front of the boob tube had gotten bogged down with such technological “advances” as digital video recording, plasma display panels, Blu-Ray, HDTV and the like. Sure enough, after losing

everything except for his remote-less television set and a converter box, he seems happy. Getting up to change the channel isn’t so bad, he says, when you’ve only got two channels to choose from.

A little of that might be going on among physician groups in central Arizona. Dan Mitten, executive director of the Maricopa County Medical Society, said that, judging by conversations with physicians in the state, as well as a couple of internal studies, the rate of “deinstallation” among Arizona physician practices—wherein these practices opt out of their electronic medical record contracts due to affordability or adaptation issues—is around 20 percent.

That’s kind of a shocking (if somewhat anecdotal) figure, seeing as Arizona is a self-proclaimed leader in the state health information technology movement. As mentioned in the [2009 Phoenix Market Overview](#), the market’s two top hospital systems, Banner Health and Catholic Healthcare West, have

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made the switch to electronic medical records, as has The Mayo Clinic and the Carl T. Hayden VA Medical Center. Part of the state's ahead-of-the-curve position stems from a 2005 executive order by then-Gov. Janet Napolitano that called for all healthcare providers to have EMR systems up and running by 2010.

Many of the benefits of EMR to physician practices should be apparent from the first day of installation. There are administrative benefits, such as improved inter-office communication, reduced copying expenses and fewer lost charts, and clinical benefits, such as better documentation of patient visits, automatic medication management and automatic allergy alerts. Long-term benefits of EMR include reduced transcription costs, lower chart and file storage expenses, and, in some cases, reduced premiums on malpractice insurance. So why are one in five practices pulling the plug?

There are several reasons, physicians report. They say getting administrative staff to work with the new software is like pulling teeth; the expensive systems, which can cost as much as \$30,000, need a host of expensive upgrades, and the simple act of writing a prescription can take five times as long on a computer as it does with pen and paper. It's easy to see how a physician practice, especially a small one, might opt out of its EMR deals.

Brad Tritle, executive director of Arizona Health-e Connection, a nonprofit private-public partnership created in 2005 to support successful health infrastructure in the state, chalks EMR deinstallation up to the "Wild West" climate going on in central Arizona right now, where competition among technology providers is so heated that EMR salespeople could be making promises that their products can't deliver. Tritle predicts—and welcomes—another couple of years of competition and innovation before a clear winner emerges to provide the simple, affordable EMR solution sought after by physician practices big and small.

In the meantime, there's the Purchasing Assistance Collaborative for Electronic Health Records (PACeHR), a state-sponsored purchasing and assistance program designed to accelerate electronic health and medical record adoption among physician groups. Scheduled for June 2009 availability, PACeHR (pronounced "pacer") will offer group purchase discounts and other incentives to make EMR software and training more affordable and more predictable.

Perhaps most importantly, the program will "promote a community of information sharing," so physicians won't feel so all alone in the technology wilderness.

*Chris Clancy is a Market Overview analyst for HealthLeaders-InterStudy.*

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