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Preliminary Estimates of Electronic Medical Record Use by Office-based Physicians: United States, 2008

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From April through August 2008, the National Center for Health Statistics (NCHS) conducted a mail survey of office-based physicians to obtain a preliminary estimate of their use of electronic medical records (EMRs). This estimate will supplement information from the core 2008 National Ambulatory Medical Care Survey (NAMCS), an annual nationally representative survey of patient visits to office-based physicians.

Electronic medical record use by office-based physicians

In the 2008 mail survey, 38.4% of the physicians reported using full or partial EMR systems, not including billing records, in their office-based practices. About 20.4% reported using a system described as minimally functional and including the following features: orders for prescriptions, orders for tests, viewing laboratory or imaging results, and clinical notes. Comparable figures for the 2006 NAMCS, the latest available for the full survey, were 29.2% and 12.4%, respectively (1).

EMR systems that conform to certain interoperability standards have been defined as electronic health records (2). Electronic health records in turn have been characterized as basic (patient demographics, problem lists, clinical notes, orders for prescription, and viewing laboratory and imaging results) or fully functional (patient demographics, problem lists, clinical notes, medical history and follow-up, orders for prescriptions, orders for tests, prescription orders sent electronically, viewing laboratory and imaging results, warnings of drug interactions or contraindications, out-of-range test levels, and reminders for guideline-based interventions) (3). In the 2008 NCHS mail survey, 17.0% of the physicians reported having systems that have been defined as basic, and 4.0% reported having systems defined as fully functional. Comparable figures for basic and fully functional systems in the 2006 NAMCS were 11.2% and 3.1%, respectively (4).

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Methods

These preliminary 2008 estimates were based on a mail survey to 2,000 physicians classified as providing direct patient care in office-based practices according to the American Medical Association or the American Osteopathic Association. Like the core NAMCS, the mail survey excluded radiologists, anesthesiologists, and pathologists. Samples of physicians stratified by specialty were selected from 112 geographic areas across the 50 states and the District of Columbia. From April through August 2008, each sampled physician received up to three mail surveys and one reminder or thank-you postcard. Two weeks after the third mailing, telephone calls were made to nonrespondents. Follow-up calls and visits were made to a subsample of physicians who refused or could not be located by the standard protocol to determine eligibility. The final response rate was 62%. After the 2008 core NAMCS, which is an in-person survey, has completed data collection, the results from the mail survey and core NAMCS will be combined to produce a final estimate of EMR use for 2008.

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