

Snapshot: Health Centers and Electronic Health Records: Adoption, Use, and Impact

Electronic Health Records (EHRs) help inform and improve clinical decisions, coordinate patient services, and improve health by monitoring quality of care. Health centers have high EHR adoption rates with no differences across urban/rural location, patient demographics, physician staffing, and health center funding.¹ Between 2009 and 2013, the adoption rate at health centers more than doubled.² By 2012, more health centers had installed EHR systems compared with office-based physicians (90% vs. 78%),³ with top vendors listed in Table 1.

A majority of health centers have high levels of EHR functionality to track information about their patients to manage their care and most are moving towards Meaningful Use, a federal incentive program that rewards providers for using EHR that can improve patient care (Table 2). To receive Meaningful Use incentive payments, providers must meet a number of objectives that are phased in three stages with increasing requirements.⁴ As of 2012, 76% of health centers report that their providers have received Meaningful Use incentive payments.⁵

Table 1 Top Five EHR Vendors Used by Health Centers, 2012		Table 2 EHR Functionalities and Meaningful Use, 2013	
EHR Vendor	Percent of Health Centers Using EHR Vendor	Health centers have advanced EHR capacity <i>(Have at least nine out of 13 key EHR functions* regarding electronic patient and panel reports, computerized order entry management, and computerized decision support)</i>	85%
NextGen	24%	Health centers' EHRs meet subset of Meaningful Use Stage 1 Objectives <i>(Use EHR to track data on key clinical conditions and report data on clinical quality measures)</i>	92%
eClinical Works (eCw)	19%	Health centers' EHRs meet subset of Meaningful Use Stage 2 Objectives <i>(Use EHR for more advanced clinical processes, such as clinical decision support and sharing health information with other providers)</i>	51%
GE Centricity	13%		
SuccessEHS	11%		
Vitera	6%		

Source: 2012 Uniform Data System, Health Resources and Services Administration, Bureau of Primary Health Care.

Source: Ryan J, et al. The Adoption and Use of Health Information Technology by CHCs, 2009-2013. The Commonwealth Fund. Issue Brief. Pub. 1746; Vol. 10. May 2014.

Thanks to numerous targeted federal investments and financial incentives, health centers have been able to widely adopt and use EHRs. However, maintaining the cost of an EHR system and training staff to use EHRs still remain top reported barriers since investments do not cover the full cost.⁶ Health centers look forward to expanding their use of EHR to more comprehensive and advanced functionalities to better manage their patients' needs, improve the quality of care, and control health care costs.

* The 13 key EHR functions are: currently using EHRs, can generate list of patients by diagnosis, can generate list of patients by lab result, can generate list of patients overdue for tests or preventive care, routinely use electronic lists of medications taken by a patient, routinely order lab tests electronically, routinely prescribe medication electronically, electronically track all lab tests until results reach clinicians, routinely electronically enter clinical notes, routinely electronically access patients' lab results, providers receive alerts to provide patients with test results, providers routinely receive electronic alerts about potential dose/drug interaction, patients sent reminder notices for preventive and follow-up care.

¹ Wittie M, et al. 2014. Enabling Quality: Electronic Health Record Adoption and Meaningful Use Readiness in FQHCs. *J Healthc Qual* doi: 10.1111/jfq.12067. ² Ryan J, et al. The Adoption and Use of Health Information Technology by FQHCs, 2009 – 2013. The Commonwealth Fund. Issue Brief. Pub. 1746; Vol. 10. May 2014. ³ Health Centers: 2012 Uniform Data System, BPHC, HRSA. Office-Based Physicians: Hsiao, CJ and Hing, E. Use and Characteristics of Electronic Health Record Systems Among Office-Based Physician Practices: United States, 2001 – 2013. NCHS Data Brief, No. 143 (Hyattsville, MD: National Center for Health Statistics, Jan. 2014). ⁴ Centers for Medicare and Medicaid Services. "EHR Incentive Programs." Accessed online on May 15, 2014 at <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>. ⁵ Ryan J, et al. 2014. ⁶ Ryan J, et al. 2014.