



The  
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# AAFP HIT Adoption

Establishing a Core Technology  
for Family Medicine

HIT Symposium

David C. Kibbe, M.D. MBA  
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[www.centerforhit.org](http://www.centerforhit.org)

# Your Speaker



David C. Kibbe, MD MBA -- recent responsibilities

Director, Center for Health Information Technology, AAFP

Co-chair, Physicians' EHR Coalition

Project Director, Doctors Office Quality (DOQ-IT) Project

Co-chair, Workgroup on HIT in Small Practices, eHealthInitiative

Chair, Subcommittee on HIT, Ambulatory Care Quality Alliance

Co-chair, Workgroup on Data Sharing and Aggregation, AQA

Member, JCAHO HIT Advisory Board

Member, Interoperability Workgroup, CCHIT

Member, Steering Committee, AHRQ NRC-HIT

Secretary, ASTM Health Informatics Steering Committee, E.31 CCR

Member, Medicaid HIT Advisory Committee

# For today's meeting

- Overview of ongoing HIT adoption strategy in family medicine
- Introduction to the Center for HIT
- Continuity of Care Record, key to the “fifth principle” of data mobility







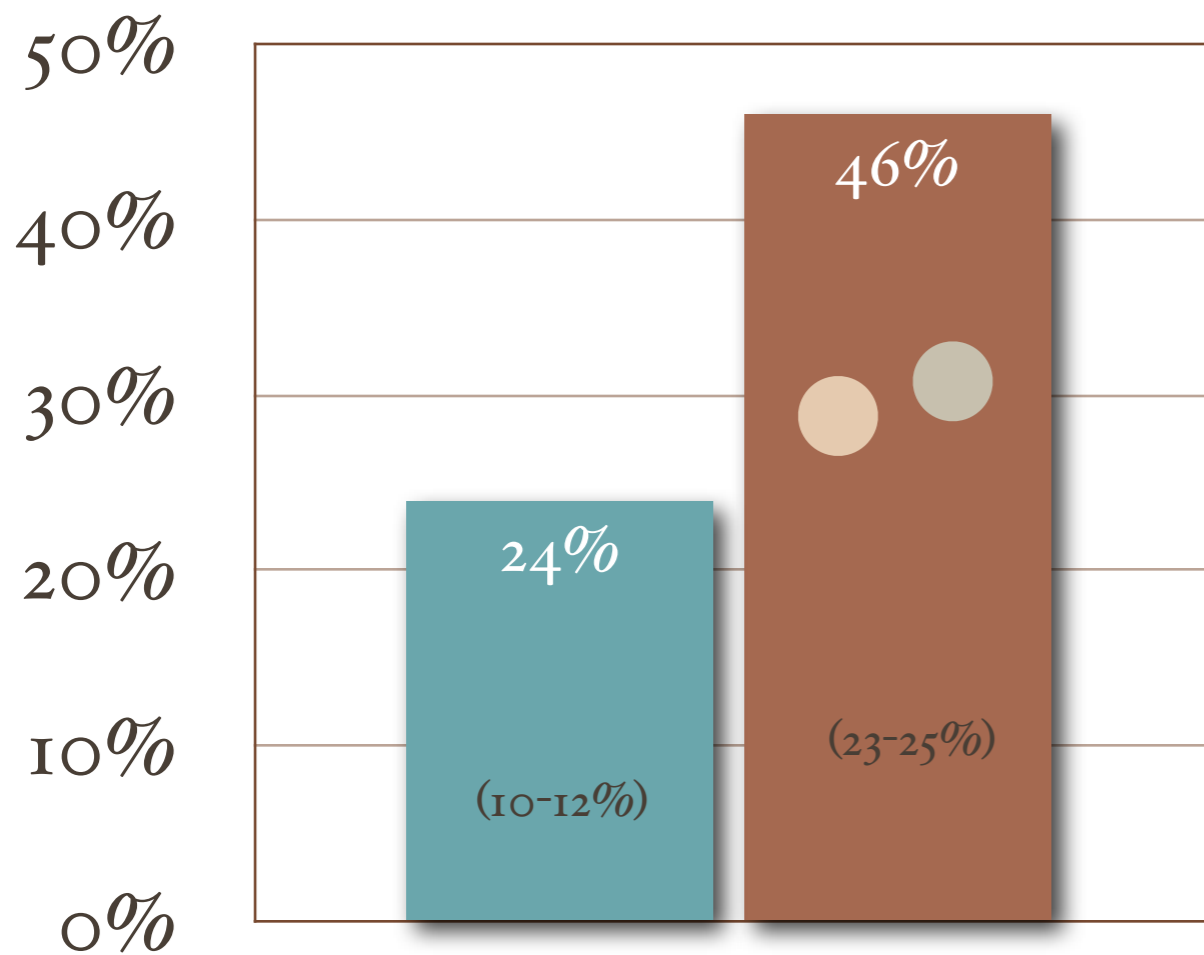
Around the country a transformation  
is occurring, from this....





To this.

# EHR adoption in family medicine has almost tripled in 3 years



Use an EHR in their practice

■ 2003 Survey 5,517 respondents in 2003  
■ 2005 Survey 2,569 respondents in 2005

● 2005 Physician Profile  
● 2005 Immunization Survey

- Two surveys (blue and brown bars) were web-based, which probably biased the results
- Physician Profile and Immunization Survey (large dots) were large and paper based - less selection bias
- Clear growth of EHR adoption among Family Physicians



# For the “next 30%” the barriers have become less formidable



■ 2003 Survey

■ 2005 Survey

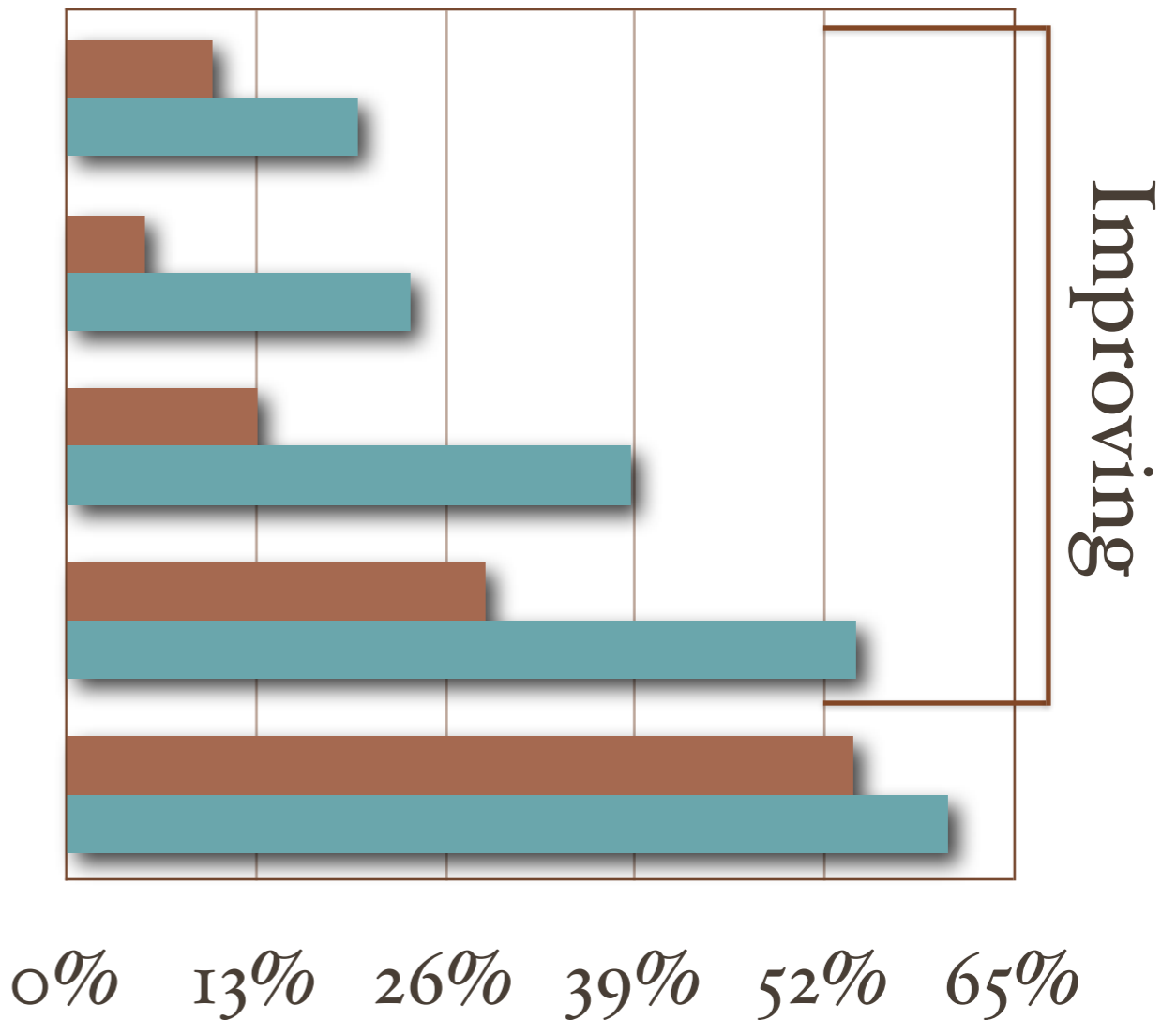
Worried about Partner's Acceptance

Security and Privacy Issues

Risk of Vendor Going Out of Business

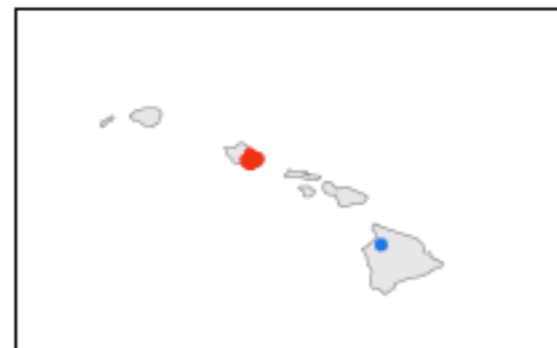
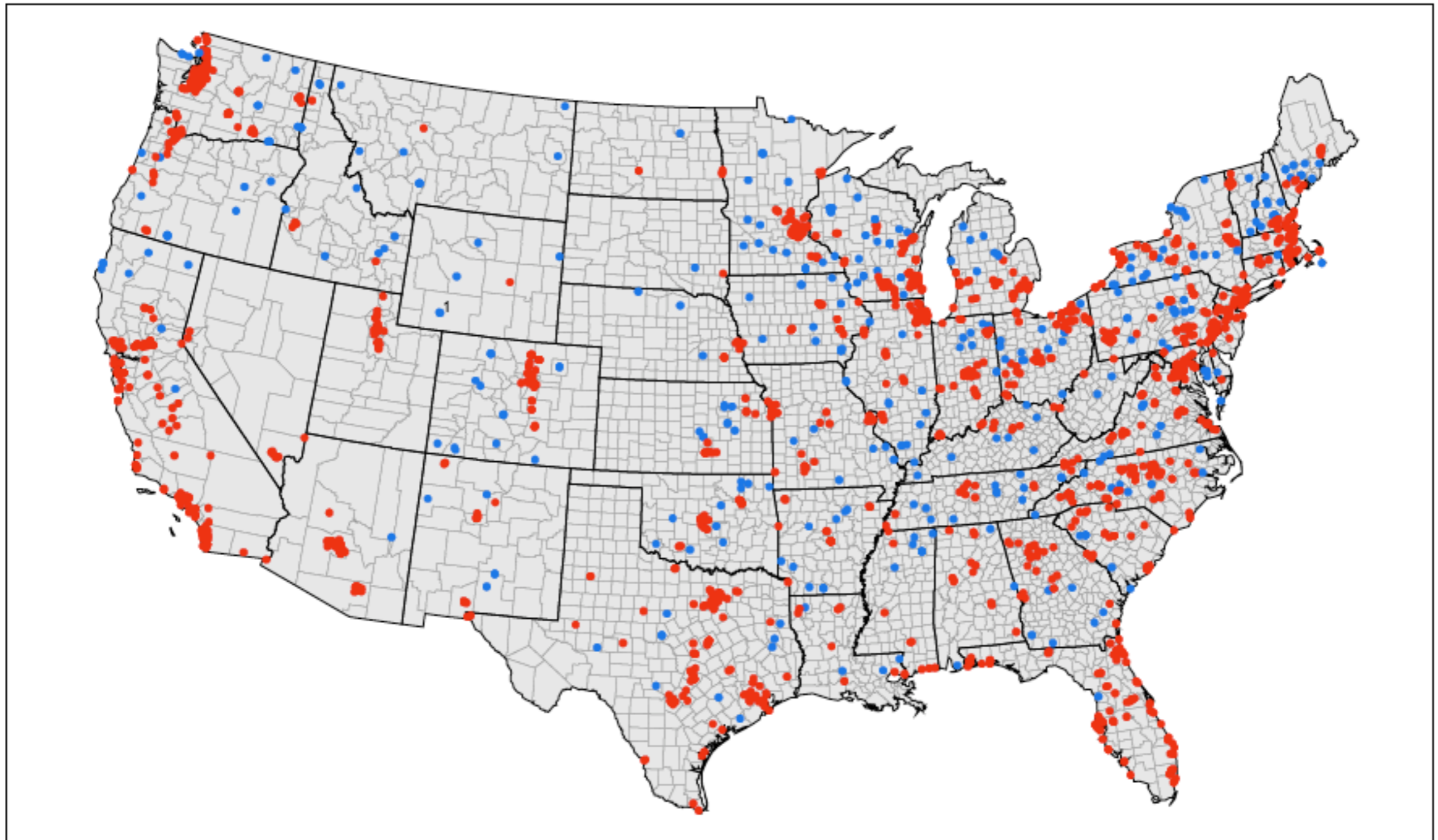
Decrease Productivity

Can't Afford EHR



4,211 respondents in 2003 that did not use an EHR  
 1,234 respondents in 2005 that currently do not use an EHR

# AAFP Electronic Health Record Users, 2005



- Practice Location of One Metro EHR User (n=1476)
- Practice Location of One Non-Metro EHR User (n=354)

Note: There are 319 EHR users for which no rurality data are available.

Data Sources: AAFP's Center for Health Information Technology; U.S. Department of Agriculture



# Current average pricing for HIT in small and medium size medical practices: affordable?



	Average total cost	Cost per physician per year (over 3 years)	Cost range
Integrated EHR	\$65,088	\$7,232	\$3,000 - \$134,750
Stand alone EHR	\$49,837	\$5,537	\$3,000 - \$128,000
Stand alone PMS	\$37,697	\$4,188	\$3,000 - \$97,000

Source: AAFP/CHiT Partners for Patients Vendor Survey, findings, May 2005 <http://www.centerforhit.org/x983.xml>

# RAND Study, 2006

“The Diffusion and Value of Healthcare Information Technology,” A.G. Bower



- EHR is diffusing at a **rate consistent with other similar IT technologies in other industries**. EHR diffusion is explicable using modern diffusion theory applicable to complex, highly networked IT products.
- **Complex electronic medical records are, after a 20-year waiting period, rapidly diffusing in many segments of our healthcare system**, with about 30 percent of acute-care hospital providers reporting by the end of 2003 that they had ordered EHR products, and will reach 80 percent saturation in hospitals by about 2016—or earlier if assisted by government or other organizations. Diffusion among physicians’ offices is 10–16 percent, depending on the measure.
- More important than hastening adoption, which appears to have taken off since 1999 without intervention, is ensuring that appropriate incentives are in place so that complex EHRs will be used effectively.
- The benefits of the current increase in HIT spending are arguably a *cumulative* 1 percent per year, but the range varies widely depending on what else the government and healthcare players do.



# Our HIT adoption efforts have focused on small, medium practices

## ▶ American Academy of Family Physicians

- ◆ Nation's largest primary care medical specialty physician membership association
- ◆ 60,000 members in active practice
- ◆ 95,000 members including residents and students
- ◆ Approx. 8% of US physician workforce, accountable for 24% of total US outpatient ambulatory care visits
- ◆ Majority of members practice in groups of five or fewer clinicians
- ◆ Center for HIT established in 2003 to promote acquisition and use of affordable, standards-based EHRs among family physicians in US
- ◆ Growth in use of commercial Electronic Health Record systems from 10% in 2002 to 30% in 2005





# The Center for HIT is a dedicated division within the AAFP

Established October, 2003, by AAFP Board of Directors

Our mission:

*To assist family physicians acquire and use EHRs and other HIT that are affordable and standards-based, for the purposes of improving quality, enhancing safety, and making gains in efficiency.*

<http://www.centerforhit.org/>

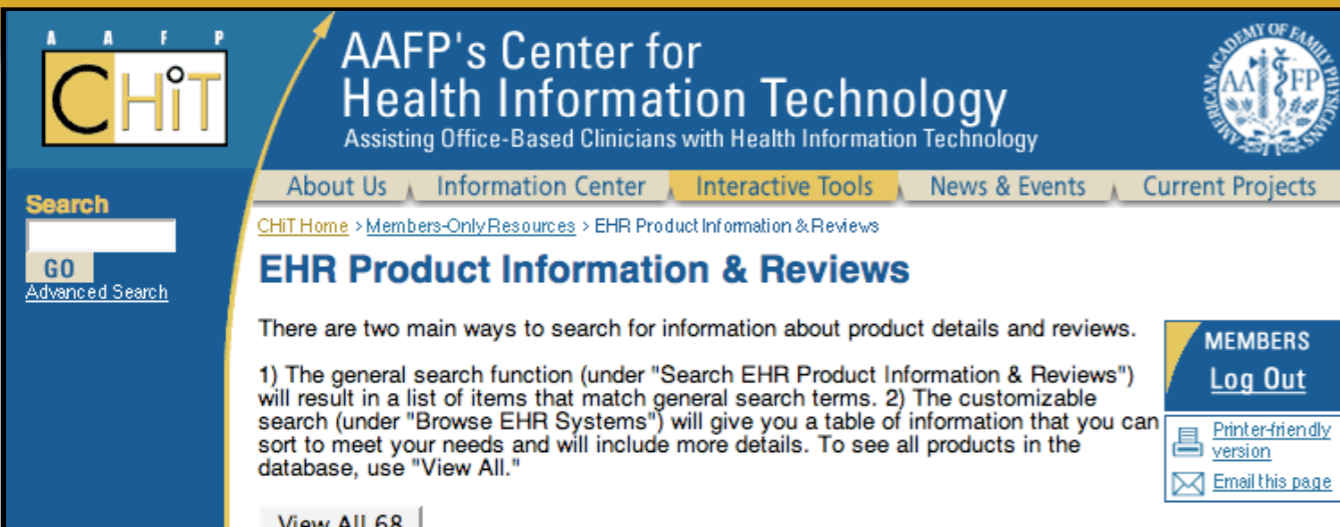
# Our approach has been to build a network of success in EHR adoption



Established October, 2003

Step-by-step assistance for any stage in the transition from paper to computerized office information systems: tools, EHR reviews, tutorials. Making it easy to “find a physician like me, in a practice like mine” who has been successful.

# We utilize that network to share expertise and knowledge of success



Over 650 reviews of 68 products, written by AAFP members who use them. Searchable by size and location of practice, by cost, and by hosting mode.

Reviewers can be contacted via email, and a network of site visits are available for any product.


Finding “a physician like me, using an EHR in a practice like mine,” has never been easier or more transparent.

<http://www.centerforhit.org/>



Working with the EHR vendor community to make the market more transparent and functional has been part of our strategy from the beginning



 AAFP-HIT Industry initiative, based on the guiding principles that HIT must be based on:

**A**ffordability | **C**ompatibility |  
**I**nteroperability | **D**ata stewardship

 Valuable vendor relations with 90+ companies

- ◆ EHR and PMS vendors
- ◆ Hardware and networking firms
- ◆ Laboratory and pharmacy industry representatives
- ◆ Web services, medical devices, and others

 Joint projects include standards development, educational conferences, market surveys, EHR pilot project, etc.



# The “Fifth Principle” is data mobility






- 🎧 Affordability | Compatibility | Interoperability | Data stewardship....and
- 🎧 Data mobility
- 🎧 How do we encourage innovation that will free health care data and information from its current “locked in” status within so many data “silos?”



# Summary



-  We may already have reached the “tipping point” for EHR adoption in family medicine
-  Understanding and working with the HIT industry, and creating an increasingly organized, knowledgeable AAFP membership, have been keys to success
-  The value proposition for EHRs is primarily related to improvements in professional workflow and information management, not simply ‘computerized documentation’