



Reform in Action: Does Use of EHRs Help Improve Quality? Insights from Cleveland

- **Federal investment in America’s health information technology (HIT) infrastructure is often touted as a way to help revolutionize the way care is delivered in America—both while improving quality and potentially lowering costs.**
- **Early data from Cleveland suggest that electronic health records (EHRs) in local doctors’ offices result in dramatically better patient care.**

Overview: An integral part of the American Relief and Recovery Act of 2009 (“the stimulus bill”) is the federal government’s commitment to spur the adoption of electronic health records in hospitals and physician practices nationwide. With a budgetary commitment of \$27 billion over the next 10 years, many experts believe this investment can improve the quality, safety and value of health care in America.

Health care is one of the last U.S. industries to universally incorporate technological advancements. While most sectors—from banking to hospitality—have made investments in information technology to improve efficiency and consumer relationships, America’s health care system is still largely paper-driven. Partly as a result, the U.S. health care system is plagued by inefficiency and poor quality. Delivery is slower, more error-prone and harder to measure and coordinate than it should be. One study found that 80 percent of medical errors began with miscommunication, incorrect or missing information about patients or lack of access to patient records.

Cleveland Case Study: The EHR Effect

Significant headway in EHR adoption and implementation is occurring in Cleveland, Ohio, led by Better Health Greater Cleveland (*Better Health*), an organization that leads the Robert Wood Johnson Foundation’s *Aligning Forces for Quality* initiative in the region. Situated in Cuyahoga County, Cleveland is often seen as a community with a stellar health care system. But like most communities across the nation, Cleveland struggles with a burgeoning population of people with chronic conditions and fragmented, uncoordinated health care. Just a few years ago, *Better Health* committed to working with local doctors and leveraging HIT to significantly improve patient care. Through a series of summits and trainings held throughout 2010, *Better Health* helped local doctors capitalize on government incentives to adopt EHRs and provided assistance to support their implementation to improve patient care. Providers who attended *Better Health*’s summits learned how to use EHRs in meaningful ways to effect patient care

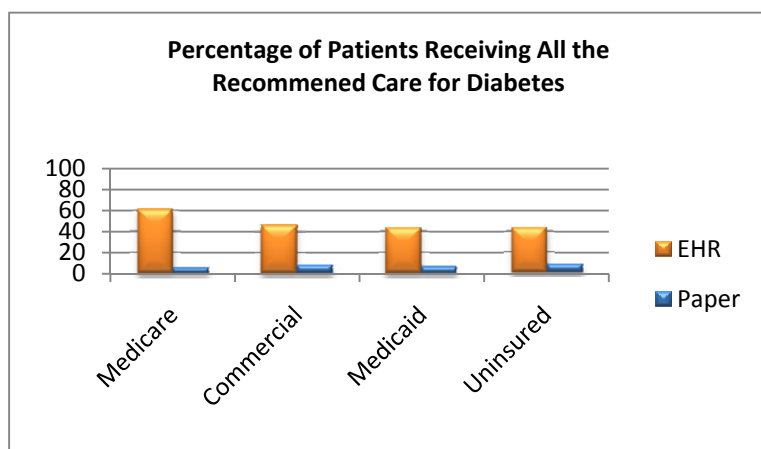
51%

of diabetes patients treated at practices with EHRs in Cleveland received all the care they needed, as opposed to only 7% in practices with paper records.

Aligning Forces for Quality

(AF4Q) is the Robert Wood Johnson Foundation’s signature effort to lift the overall quality of health care in 16 targeted communities, as well as reduce racial and ethnic disparities and provide tested local models that help propel national reform.

improvement: implementing prompts to ensure accurate treatment for chronic diseases; techniques for medication reconciliation; and alerts to flag appropriate follow-up care after appointments.



Recent data show that investments in EHRs are paying off. Through *Better Health's* bi-annual "Community Health Checkup", which shows the performance of local physicians against national standards for care, Greater Cleveland's doctors' offices reported on how often patients with diabetes received all the recommend care for their condition, such as tests to check blood sugar levels, eye exams and important vaccinations.

Better Health's report, released January 2011, showed a staggering difference in performance among practices with EHRs as compared to those without: 51 percent of diabetes patients in EHR practices received all the care they needed as compared to only 7 percent in practices with paper records. A similar variation was also reported for diabetes patient outcomes—how well patients and their doctors were able to effectively manage their condition. For both care and outcomes, patients treated at practices with EHRs far outpaced those in paper practices across **all** insurance types—whether patients were on Medicare, Medicaid, a commercial plan or uninsured.

Better Health's director, Randall Cebul, M.D., knows firsthand the impact of EHRs. As a practicing physician, he grappled with the pitfalls of an antiquated health information system. "I recently treated a patient who had frequent episodes of fainting spells. Using my clinic's EHR, I was able to quickly pull up her medical history, which included recent diagnostic tests, and make an appropriate treatment decision," he said. "Without an EHR, my decision would have been delayed and I would have had to order redundant tests, ultimately wasting thousands of dollars."

What's Next

As stories like Cleveland's begin to spread throughout communities, more health care providers will be encouraged to adopt EHRs. For health care providers who treat Medicare and Medicaid patients, specific incentives will be made available in 2011 to spur adoption. As a motive for urgency, penalties are in place for providers unable to demonstrate meaningful use of EHRs beginning in 2015.

Looking ahead, widespread adoption will permit the formation of health information exchanges, so that clinical information can flow between disparate health care information systems. Additionally, adoption will readily support the requirements under the Affordable Care Act for HHS to create an infrastructure to collect provider performance data.

For more information, visit www.rwjf.org/qualityequality/af4q.

To learn more about Better Health *Greater Cleveland*, visit www.betterhealthcleveland.org.

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