

# Chapter 102

## Electronic Medical Records and Public Perceptions: A Deliberative Process

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### ABSTRACT

*Public attitudes about electronic medical records (EMRs) have been primarily gauged by one-time opinion polls. The authors investigated the impact of an interactive deliberative polling process on general attitudes towards EMRs and perceptions of governmental roles in the area. An initial online survey was conducted about EMRs among a sample of respondents ( $n = 138$ ), and then surveyed a sub-sample after they had engaged in a deliberative discussion about EMR issues with peers and policymakers ( $n = 24$ ). Significant changes in opinions about EMRs and governmental roles were found following the deliberative discussion. Overall support for EMRs increased significantly, although concerns about security and confidentiality remained. This indicates that one way to address concerns about EMRs is to provide opportunities for deliberation with policymakers. The policy and theoretical implications of these findings are briefly discussed within.*

### INTRODUCTION

The growing adoption of electronic medical records (EMRs) by American hospitals and physicians is a trend that will have important implications for the nation's healthcare system.

It is believed that the widespread use of EMRs may lead to improvements in the quality of care Americans receive and may potentially result in significant cost savings in the U.S. healthcare system (Hoffman & Podgurski, 2008). Studies by the RAND Corporation (Hillestad et al., 2005) and

the Center for Information Technology Leadership (Walker et al., 2005) estimated that the cumulative national savings of effectively implementing a comprehensive EMR system could total approximately \$80 billion annually. The Federal government and States have become increasingly involved in both promoting and regulating electronic exchange of health information, and these efforts will likely continue as electronic records systems in healthcare evolve.

With governmental involvement in EMR policy comes the corresponding need to engage consumers in policy decision making. Much of what is known about the U.S. public's views toward EMRs is based on cross-sectional survey data that has only measured static opinions. There is little research about how such views might change once individuals receive more information about EMRs, and have an opportunity to deliberate about them with experts, public officials, and peers.

The purpose of this paper is to examine the results of an interactive public participation technique used to elicit input from consumers regarding EMRs. To this end, this study describes a deliberative poll on the public's familiarity and comfort with the use of EMRs, and their perceptions of the government's role in promoting their use. Our specific question of interest was examining if, and how, attitudes about EMRs and government would change as a result of participating in the deliberative experience. This paper documents the results of our study, and discusses possible explanations related to our findings.<sup>1</sup>

## **PUBLIC VIEWS ON ELECTRONIC MEDICAL RECORDS**

There are conflicting definitions for what constitutes an EMR (National Alliance for Health Information Technology, 2008). For purposes of using consistent terminology that would be familiar to the public, we used the term EMR to mean patient-centered medical information that can be

shared electronically between hospitals, clinics, physician offices, or other healthcare delivery locations.<sup>2</sup> A basic EMR includes a patient's history and demographics, patient problem list, physician clinical notes, comprehensive list of patient's medications and allergies, computerized orders for prescriptions, and ability to view laboratory and imaging results electronically (Hsiao, Socey, & Cai 2011). The use of EMRs has been increasing in recent years (Wright, 2012). In 2011, 57% of office-based physicians reported that they use all or partial EMR systems: a 12% increase from 2010 (U.S. Department of Health and Human Services, National Center for Health Statistics, 2011). Hospital adoption of EHRs systems has doubled since 2009 to 34.8% (Charles, Furukawa, & Hufstader, 2012) although only a small percentage report having comprehensive electronic records systems (Jha et al., 2009).

Federal and State governments are playing a large role in coordinating or directing initiatives to increase adoption of EMRs. Prior to governmental interventions starting at the turn of the 21<sup>st</sup> century, adoption of electronic medical records was low with less than 20 percent of physicians using any type of EMR (Gans et al., 2005; Hsiao et al., 2010). Federal efforts have included making direct grants for EMR implementation and research, supporting nationwide standards and software certification, and loosening legal restrictions against hospital-to-physician technology sharing (*Accelerating the Adoption of Health Information Technology*, 2006). The 2009 American Recovery and Reinvestment Act created financial incentives for physician adoption of EMRs, funding to support State-led interoperability, outreach centers to assist physicians and hospitals to adopt EMRs, eventual financial penalties for physicians and healthcare organization that have not adopted electronic medical records, and strengthened security and privacy laws (American Recovery and Reinvestment Act, 2009). The 2010 Patient Protection and Affordable Care Act amends the Health Insurance Portability and Accountability Act by requiring the

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