Do Minority-Serving Physicians Have Comparable Rates of Use of Electronic Health Records?

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Abstract

Given concerns that efforts to improve quality using tools such as electronic health records (EHR) could increase the digital divide among racial groups, we sought to determine whether minority-serving physicians in Massachusetts use EHR at the same rate as non-minority serving physicians. We found that physicians who cared for large minority populations had comparable rates of EHR use, identified similar barriers and reported similar benefits.

Introduction

Policy makers are concerned that increasing use of electronic health records (EHRs) might worsen healthcare disparities because physicians who care for minorities might lag behind. Therefore, we sought to determine if physicians with large minority patient panels have differential adoption of EHRs.

Methods

We used a stratified random sampling technique to survey physicians. We asked physicians to report the racial and ethnic composition of their patient panel and we aggregated the percentage of under-served minorities (Hispanics and non-Hispanic blacks) for each practice. We further collected data on practice characteristics including location, number of physicians in the practice and academic affiliation. We stratified each practice by their composition of minority patients: low minority (<10%), moderate minority (10% to 39%) or high minority (≥ 40%).

Results

Of the 1,885 physicians surveyed, we received 1,345 completed surveys for a response rate of 71%. A total of 36% of practices were classified as having a low minority panel, 48% had a medium minority panel, and 16% had a high minority panel. High-minority practices were more often hospital-based (15% versus 6%, p=0.006), had seven or more physicians in the practice (10% versus 4%, p<0.001), and were affiliated with a teaching hospital (41% versus 25%, p<0.001) compared to low minority practices. When we adjusted for baseline differences in practice characteristics, we found that high-minority practices and low-minority practices had similar rates of EHR adoption (27.9% versus 21.8%, p=0.39). High-minority practices were at least equally likely as low-minority practices to have each of the key EHR functionalities including electronic-prescribing (25.8% versus 18.8%, p=0.40). Among non-users of EHRs, high-minority practices identified financial barriers at comparable rates to low-minority practices (80.2 % versus 84.0%, p=0.49) and had similar plans to adopt EHR over the upcoming 12 months (18% versus 12%, p=0.35). Among EHR users, high-minority practices had similar perceptions of EHR benefit of quality, costs, and communication with patients.

Conclusions

In a representative survey of Massachusetts physicians, practices with a high percentage of minority patients have comparable levels of EHR use, identify similar barriers to EHR adoption and report similar benefits from EHR use. Although this was a single-state study, we found no evidence that EHRs introduce a new digital divide, we found no evidence that minority-serving physicians are being left behind in the march towards the digital age.