Electronic Medical Records Adoption Challenges in Mexico

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Abstract

This study investigates the adoption of Electronic Medical Records (EMRs) in a developing country, Mexico. The motivating factors for and barriers to adoption of EMR is discussed based on the data collected through focus groups and surveys.

Introduction

Electronic Medical Records (EMRs) are slowly becoming a necessity with the rapid progress of health information technologies (IT) over the past decade. In the literature we have seen various EMR implementation and adoption studies reported by developed countries. However, a recent literature review of health IT implementations in developing countries reported very few studies based on the search done in commonly used publication databases.¹

Our study aims to investigate the EMR adoption in a developing country, Mexico, and understand the existing motivations and barriers for such adoptions from the Mexican healthcare providers’ perspective.

Methodology

This study is composed of two phases. In the first phase, a focus group study was conducted with 10 physicians who worked for public hospitals (n=5), private hospitals (n=3), and who owned private practices (n=2). Topics discussed during the focus group were (i) the use of EMR systems, (ii) how EMR systems were implemented (off-the-shelf or in-house), (iii) level of satisfaction in terms of interface, data entry, content and context, work practice compatibility, power, and (iv) perceived value of using EMR systems. During this first phase, follow-up interviews were conducted with private hospitals personnel and physicians at their practices. Second phase of this study will develop a survey, with participation open to all physicians and other medical professionals in Mexico, based on the findings of the initial phase.

Data Analysis and Results

Focus group discussion was recorded and transcribed. Following results were drawn from the preliminary analysis of this data. Physicians who participated in this study indicated that the EMR systems are very complex and difficult to learn, and this affects their attitude towards using the EMR systems. The participants also mentioned that it usually takes too much time to enter data in real time. In Mexico, use of EMR systems is mandatory for physicians who work for public hospitals. In these settings, only physicians have access to the data in the system; however, most of the time data entry is done by clerks (nurses collect data on paper and hand it over to the clerks for data entry). The participants also reported that they have not seen any value of having EMRs because there is a lack of value-added processes (e.g. epidemiological use of data) which could utilize the data and generate benefits for the nation.

Participants from private hospitals reported that most of their patients are one-time customers and they do not expect them to come back. About 30% of their patients are from out of the state (mostly from near towns and villages). Therefore, they do not keep their past medical records. Even though they are interested in EMR systems, in the lack of government policies regarding record keeping in healthcare, and unidentified business value prevent them from investing their scarce resources on such systems.

Participants who owned a private practice indicated that they keep medical records for all of their patients. Approximately 50% of their patients are one-time patients as well. They face similar barriers (cost, lack of support policies, lack of resources). However, they have indicated an interest on personal health record (PHR) systems which can provide appointment reminders and treatment information for patients, and treatment follow-up mechanisms for the physicians.

Results of detailed data analysis and the survey will be presented at AMIA 2007.

References