ABSTRACT
Implementation and use of electronic health records (EHR) and electronic prescribing (e-Rx) have been widely recommended to improve the quality, safety and efficiency of care delivery in primary care practices. However, recent studies have documented that EHRs in use in ambulatory care have a wide range of available features and that usage of the most advanced features, even among long-time users, is highly varied. Through a series of studies, I have documented challenges faced by clinicians using these technologies including difficulty adjusting work processes for effective EHR use, financial and technical barriers, and the uneven use of key advanced features. This research has contributed evidence that typical EHR usage has not, to date, led to expected improvements in care quality and has identified the need for purposeful redesign of primary care work processes to better integrate use of health information technologies into care delivery. This presentation will focus on four specific areas relating to use of health information technology in primary care practice: 1) why EHR use did not lead to improved diabetes care in a sample of community practices, 2) implementation difficulties in an e-prescribing implementation project, 3) difficulties in measuring EHR use and what this suggests about our knowledge of HIT use in primary care, 4) workarounds in primary care use of EHR technology. The discussion will focus on how these findings can inform primary care practice redesign efforts.
SPEAKER BIO

Jesse C. (Jay) Crosson is a Senior Health Researcher at Mathematica Policy Research in Princeton, New Jersey where he is currently working on several evaluations of federally-sponsored efforts to transform primary care and reform primary care payment models. Dr. Crosson’s research employs a variety of research methods to focus on the implementation and use of health information technologies in primary care settings and on how use of these technologies affects the quality of chronic illness care. He recently received funding from the National Institute of Diabetes and Digestive Kidney Diseases for a five-year study to evaluate diabetes registry implementation efforts in primary care practices. Dr. Crosson holds an adjunct appointment as Associate Professor of Family Medicine and Community Health at Robert Wood Johnson Medical School and currently serves on the Committee on Advancing the Science of Family Medicine, Health Information Technology Committee and as study chairman of the Translating Research into Action for Diabetes Legacy Study. Findings from his research have been published in over 50 peer reviewed journal articles and in several reports to Congress and federal agencies.