



## News Release

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### Health Information Technology and Small Physician Practices

*Independent Practice Associations Offer Lessons in Overcoming Technology Adoption Barriers*

**WASHINGTON, D.C.**—As policy makers try to jumpstart health information technology (HIT) in small physician practices, lessons from independent practice associations—networks of small medical practices—can offer guidance in overcoming barriers to HIT adoption and use, according to a new study by the Center for Studying Health System Change (HSC) for the nonpartisan, nonprofit National Institute for Health Care Reform (NIHCR).

Independent practice associations, or IPAs, which first formed in the 1970s to allow independent medical practices to accept risk-based managed care contracts, can serve as model in how to provide coordinated assistance with HIT activities to otherwise independent and relatively small physician practices, according to the study.

Often because of inadequate technical and financial resources, small practices' adoption of electronic health records (EHRs) and other HIT lags larger physician practices. And, despite broader trends of physicians moving to larger practice settings, a sizeable share of physicians is likely to practice in small groups for the foreseeable future.

The study focused on the HIT activities of five organizations—one management services organization, Physician Health Partners, Denver, that supports four IPAs; and four other IPAs: Genesis Physicians Group, Dallas; Huron Valley Physicians Association, Ann Arbor, Mich.; Physicians Medical Group of Santa Cruz County, Santa Cruz, Calif.; and Mid Rogue Independent Physician Association, Grants Pass, Ore.

Along with providing technical support, the IPAs also cultivated trusted and HIT-knowledgeable physician leaders to help less-technologically savvy clinicians make the jump from paper to electronic records.

“A key finding is that identifying physician leaders who can bridge the gap between technology and clinical care is a powerful way to help physicians in small practices overcome barriers to HIT adoption,” said Paul B. Ginsburg, Ph.D., HSC president and NIHCR research director, who coauthored the study with Timothy K. Lake, Ph.D., and Tricia Collins Higgins, Ph.D., M.P.H., both researchers at Mathematica Policy Research.

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The study also noted that “given significant new HIT funding, growing awareness of physicians’ technical assistance needs and the proliferation of entities charged with fostering HIT, the potential for overlapping efforts exists. The availability of assistance from multiple entities will increase the importance of local planning, stakeholder communication, and ongoing assessment of how best to align and coordinate efforts.”

Based on telephone interviews with 27 people between March and May 2010 who either worked in or were affiliated with the five organizations, the study’s findings are detailed in a new NIHCR Research Brief—*Fostering Health Information Technology in Small Physician Practices: Lessons from Independent Practice Associations*—available online at [www.nihcr.org/HIT-and-IPAs.html](http://www.nihcr.org/HIT-and-IPAs.html).

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*The National Institute for Health Care Reform contracts with the Washington, D.C.-based Center for Studying Health System Change to conduct high-quality, objective research and policy analyses of the organization, financing and delivery of health care in the United States. The nonpartisan, nonprofit 501 (c)(3) organization was created by the International Union, UAW; Chrysler Group LLC; Ford Motor Company; and General Motors to help inform policy makers and other decision-makers about options to expand access to high-quality, affordable health care to all Americans.*

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*The Center for Studying Health System Change is a nonpartisan policy research organization committed to providing objective and timely research on the nation's changing health system to help inform policy makers and contribute to better health care policy. HSC, based in Washington, D.C., is affiliated with Mathematica Policy Research.*