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Electronic health record availability among advanced practice registered nurses and physicians.

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— Abstract

Objectives

To characterize availability of electronic health records (EHRs) at the primary practice locations of certified nurse midwives (CNMs), nurse practitioners (NPs), and physicians in California prior to the implementation of the state's Medicaid EHR incentive program.

Study design and methods

Cross-sectional mail surveys of samples of CNMs, NPs, and physicians who have active California licenses and reside in California. Descriptive statistics were calculated and multivariate regression analyses were estimated to identify characteristics associated with having an EHR. The following practice characteristics were included in the multivariate model: payer mix (% Medicaid), practice setting (hospital vs outpatient), and practice size. Variables for practitioner's age, sex, and practice location were also included.

Results

For both CNMs/NPs and physicians, practice size was the strongest predictor of EHR availability. Practicing in a large or mid-sized group was associated with higher odds of having a basic EHR or an advanced EHR. Having a high percentage of Medicaid patients was associated with lower odds of having an advanced EHR. Among physicians, but not CNMs/NPs, hospital-based practice was associated with higher odds of having an advanced EHR; being over age 45 years was associated with lower odds of having any EHR.

Conclusions

The results suggest that prior to the launch of California's Medicaid EHR incentive program, similar characteristics predicted EHR availability among both CNMs/NPs and physicians, and that availability was concentrated among large practices with fewer Medicaid patients. Future studies should assess whether Medicaid and Medicare incentive payments attenuate these relationships.

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