

Addiction treatment centers using electronic health records less and may hinder care

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Despite their existence for decades, electronic health records—digitized patient information and medical histories available instantly and securely to authorized users—are not commonly used by many addiction and substance use disorder treatment facilities in the United States. Now, a recent study by Johns Hopkins Medicine researchers suggests why this is



happening. It also describes how not using this technology may hinder coordination between treatment programs and health care providers, leaving patients to flounder through the system on their own.

In their findings, published online on Jan. 9, 2021, in the journal *Drug* and Alcohol Dependence, the researchers conclude that electronic health records are less commonly used by substance use disorder programs compared with other mental health treatment facilities, and that this difference is significant. Overall, only 9.6% of substance use disorder treatment programs and 15% of mental health centers report exclusively using electronic health records. Even more troubling, they say, is that fewer than 25% of both these facility types are using electronic health records for core clinical activities, such as progress notes, laboratory monitoring and medication prescriptions.

Since their general acceptance by the <u>medical community</u>, electronic health records have provided a number of benefits, including increased storage capability and faster access to a patient's health information. They also enable the secure exchange of a patient's records between facilities and providers.

"This is key, because without electronic health records, patients may experience disjointedness in their care, and for the most part, these records have to be the link between the treatment facilities and care providers," says Stanislav Spivak, M.D., assistant professor of psychiatry and behavioral sciences at the Johns Hopkins University School of Medicine.

Compared with other settings, the researchers say that implementing electronic health records can be more difficult in addiction treatment facilities because these centers often face unique regulatory and funding challenges. The researchers also found that mental health facilities had more diverse sources of funding from insurance than addiction treatment



centers.

"Traditionally, substance use disorder programs are smaller and may lack the resources and funding that other mental health treatment facilities might have," says Spivak.

According to Spivak, the initial hurdle to substance use disorder programs adopting electronic health records may be cost and technology.

"For example," Spivak explains, "if you need computers powerful enough to encrypt the data or special printers to access the information, the cost of electronic health records may be prohibitive to a low-funded substance use disorder facility."

More information: Stanislav Spivak et al. Electronic health record adoption among US substance use disorder and other mental health treatment facilities, *Drug and Alcohol Dependence* (2021). DOI: 10.1016/j.drugalcdep.2021.108515

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