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To the New York Times Editor:

Representing the 42 member companies of the Electronic Health Record (EHR) Association, we read with interest the March 6, 2012 coverage and editorial in the *New York Times* about the study in the March 2012 issue of *Health Affairs* by Dr. McCormick, et al, "Giving Office-Based Physicians Electronic Access to Patients' Prior Imaging and Lab Results Did Not Deter Ordering of Tests." Given the limitations of the McCormick research, including the analysis of the use of EHRs implemented prior to 2009, we find the editorial assertions by the *Times*—in particular that the study "raises an important cautionary note for the federal government, which is spending billions of dollars to encourage the adoption of digital medical records"—to be misleading.

In a March 6, 2012 response to the *Health Affairs* study, Dr. Farzad Mostashari, National Coordinator for Health IT, highlights exactly why this paper cannot be used to accurately assess the impact of EHRs or health IT on healthcare costs or quality. He points out that the study narrowly focuses on electronic viewing of imaging results, *not* EHRs or other health IT. In fact, the authors found that "use of an electronic health record system showed no association with test ordering." They actually acknowledge that other research that more broadly assesses the impact of clinical decision support and computerized provider order entry has found a reduction in the number of tests ordered.

Dr. Mostashari also emphasizes that the study uses correlation to assert causality. For example, although the paper interprets the association between ordering more imaging tests and having image viewing capabilities as indicating that the technology leads to more test ordering, the reverse could actually be true. Physicians who order more imaging services, given the requirements of their clinical practice, may be more likely to implement image viewing systems.

Moreover, the testing focus should be *unnecessary* tests, which have been shown to be reduced through the process of presenting physicians with tests and results via EHRs, as well as alerts that a test to be ordered has already been conducted. The study also neglected to address the necessity of the incremental tests ordered. In some cases, EHRs may increase testing in certain preventive health and health maintenance categories such as

cholesterol screening, mammography, colonoscopy, etc., as they facilitate reminders and compliance for high risk patients. Simplistic studies, such as the one published in *Health Affairs,* are inadequate to inform policy leaders on the necessity of tests being ordered by physicians.

Furthermore, cost savings and improvements in quality attributed to EHRs are not primarily related to the number of tests ordered. Rather, EHRs will reduce costs through a broad set of improvements to care, including more appropriate and timely tests, improved care coordination and quality, and fewer unwarranted hospitalizations.

We are proud of the progress made by the health IT industry, and welcome this dialog as part of a "learning" healthcare system that enables us to better serve our clients and the triple aim of reducing costs, improving quality, and broadening access. As vendors, we continually endeavor to improve our products and hope that future research can provide more relevant and timely feedback.

We are also encouraged by the *Times*' interest in health IT, as its growing role in the healthcare system increasingly has positive impacts on physicians, patients and families. In addition, we are pleased that the *New York Times* ultimately concludes in its March 7 editorial, "Do Electronic Medical Records Save Money?" that "widespread adoption of electronic medical records will improve care and reduce costs". We encourage the *Times* to provide coverage of studies documenting the benefits of EHRs.

Sincerely,

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