

Capsule Commentary on Victoroff et al., Impact of Electronic Health Records on Malpractice Claims in a Sample of Physician Offices in Colorado: A Retrospective Cohort Study

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Electronic Health Record (EHR) use is growing exponentially in the United States.¹ Patient benefits may include improved quality, better care coordination and reduced medical error.^{2,3} EHRs have the potential to reduce provider liability, since delayed diagnoses as well as diagnostic and medication errors are leading reasons for primary care lawsuits.⁴ In this issue of *JGIM*, Victoroff et al. examine whether or not the use of EHR was associated with lower rates of malpractice claims in a sample of Colorado physicians.⁵

Among 473 respondents to a survey of physicians insured through a specific insurance company, 53 % used EHR. Victoroff et al. found that the unadjusted risk of claims was not different between those with and without EHRs (IRR: 0.69, 95 % CI: 0.41–1.16), although it was lower for users when compared to before EHR adoption (IRR: 0.51, 95 % CI: 0.27–0.96), an effect that disappeared with adjustment for other factors. In addition, the authors also found that a very low percentage of claims were “EHR-sensitive,” reporting that only 3 % of claims could have been affected by EHR use.

There are a number of problems with this study that warrant caution in interpretation. First, the study was underpowered to demonstrate a clinically important reduction in malpractice. Secondly, this study occurred during a period of EHR adoption. EHRs have a steep learning curve and the full benefit may not be seen during initial use. Third, there are no patient level data available, limiting the ability to explore the effect of EHRs on malpractice. Fourth, it is difficult to believe that only 3 % of malpractice claims were sensitive to EHR use; this conclusion must be tempered by low rates of inter-rater

agreement on EHR sensitivity. It might have been interesting to explore whether EHR was effective at reducing liability in the group of claims felt to be ER sensitive. Finally, it is not clear what EHR modalities were being used. Some uses and applications of EHR might be more effective at reducing liability than others, and this is a question worthy of further research. At present, it is premature to conclude from current studies, and particularly this one, that the EHR offers no benefit in terms of reduced liability risk, particularly within primary care.

Conflict of Interest: The author has no conflicts of interest with the material in this capsule commentary.

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