We are well aware of the status of open-source electronic health records (EHRs), and are glad that Kantor et al. have written about this as these deserve more attention from AMIA members. Space did not allow us to comment about all issues relating to the electronic health record, but this is an important one. Kantor et al. eloquently elaborate the case for open-source EHRs, which have many potential advantages. The cost issue in particular is especially important for small practices, which are cash-poor, and groups of five or fewer account for most of the primary care providers in the United States.

However, it is important to note, as we did in the report, that the United States is not leading in implementation of EHRs in the outpatient setting—we are far behind the rest of the industrialized world. Furthermore, none of these other countries have utilized an open-source approach—instead, they established standards for the EHR—for the underlying data types, and for a reference information model. In countries such as England and Australia, a small number of vendors (typically 2 to 4) then established a major market share. The United States has recently made major progress in this area with adoption of the CHI standards, and a collaborative effort between the Institute of Medicine and HL7 to begin establishing what the content of the electronic health record should be.

Furthermore, even at a cost of $10,000 to 20,000 per provider, EHRs appear to be cost-saving. Unfortunately, because of the structuring of our reimbursement system, many of the savings do not accrue to those who make the capital outlay—the providers—but instead to purchasers of health care, and payers, arguing for changes in the reimbursement structure like those proposed in General Electric’s Bridges to Excellence Program.

The open-source approach has worked best for tools, and there is no example that we are aware of in which something as complex as an EHR has succeeded. Linux, for example, is an operating system. Furthermore, there are concerns about versioning, interfaces, maintenance and improvement, and governance with decision support with an open-source approach.

Nonetheless, we believe that the open-source approach to EHRs is an attractive one, especially for small practices, and, in particular, applaud the efforts of the American Academy of Family Practitioners. However, we suggest that parallel initiatives with both traditional and open source initiatives should be pursued. For open-source approaches, studies and reports in the peer-reviewed literature are especially important. Success with open source will require substantial investment, and given the uncertain returns it is still not entirely clear how to make the model work or who will make the investment (the government is one option, but major governmental investment in a single record for the United States would be surprising). We believe that given the successes in the rest of the world with other approaches, the unproven nature of this one, and our capitalistic society, it would not be prudent to place all the nation’s eggs in this basket.

References