



February 25, 2011

## Letter: Readers comment on Medical Economics stories

### **Required reading**

I just read the editorial in a recent issue ("Hope must be part of the formula," [by Gregory A. Hood, MD], January 10 issue). Dr. Hood is *exactly correct*.

This article should be required reading for every member of Congress and every Centers for Medicare and Medicaid Services bureaucrat. I hope it will be circulated as widely as possible.

JOHN MACKEL, MD, MHSA  
Cape Girardeau, Missouri

### **EHRs miss the mark**

The article by David O'Dell, MD, JD, MBA, MHSM, speaks hopefully of electronic health records (EHRs) benefits ("Avoiding medical negligence claims," January 10 issue). However, in my review of charts where medical malpractice is alleged, I am disappointed at how frequently an EHR will "hang" a physician as well as exonerate him or her.

For example, checking the box on an EHR template for "all other systems reviewed and negative" when the patient has a glass eye, amputation, psoriasis, or any number of readily notable but undocumented abnormalities, indicates an evaluation lacking in rigor and believability. Conversely, an EHR may contain prompts for symptoms associated with a presenting complaint, and those prompts remain blank.

An EHR will never produce the "color" that shows the true nature of a physician-patient interaction. The absence of an actual personal note, either typed, dictated, or handwritten, can be a boon to a plaintiff.

CHARLES A. PILCHER, MD, FACEP  
Kirkland, Washington

### **A shared experience**

Wow, I feel as if I could have written the article ("The good, the bad, and the ugly," [by Russell Bacak, MD], December 3 issue) as our stories run pretty parallel.

The only difference in my case is that I skipped the partnership, going straight from a group of 10 to a solo practice (with 6 months of hospitalist work to pay bills while I set up my own practice from scratch). I distinctly remember having conversations in medical school and residency about future plans, and I always said that I'd never be doing the solo practice thing.

Now I am 10 years out of residency and 3 years into my own practice, and I absolutely love it. I have actually found that I enjoy the business side of it, now that it is my business and not just something that I have to go along with.

In answer to your pondering on hiring a physician assistant, I have a suggestion. I hired a nurse practitioner (NP) about 2 years ago, and it has been a fantastic move. I now can take vacations and other days off without worrying about the practice being nonproductive.

My uncle was a solo general practitioner, and I frequently discuss ideas with him. He also thought NPs were a great addition, as long as you hire the right one. I found an NP to whom the patients really respond, and she has built her own patient panel. She can also take the overload from me or run the practice when I'm gone.

If you can find the right person, he or she can be a very helpful addition. I appreciate seeing your article. Maybe it will embolden other people suffering through bad work situations to go "the old-fashioned way." As one of my mentors always said: "Life is too short to not love what you are doing."

DAVID KEUHN, MD  
Marshall, Missouri


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### **We Want to hear from you!**

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