

Response to Dr. Joseph Scherger's article

I read with great enthusiasm Dr. Joseph Scherger's article in the May 7, 2010 issue of Medical Economics. I have been a proponent of EHR/EMR since the early 2000s. As a matter of fact, when consulted during the 2008 presidential campaigns, I called EHR/EMR the cornerstone, the tool, and the "silver bullet" which is the key enabler of proper healthcare reform. Having said the above, technology is like fire, it can cook your food and warm your home or it can kill you and burn down your house. The reason doctors are reluctant to adopt EHR/EMR is not because they do not see the benefits but because the overwhelming majority of EHR/EMRs are cumbersome to use. When technology is difficult to use it has great potential to decrease efficiency, increase costs and, in this case, even spawn a new generation of medical errors that could dwarf the current errors encountered with paper charts. We need an EHR/EMR that works the way doctors and patients interact, one that is simple to use and so intuitive that it allows the doctor to concentrate on the patient's illness rather than diverting attention to complex data entry. I agree that prescriptions should be printed and not handwritten. I agree that drug interactions should be checked and doubled checked. However, it should not be the physician's job to "shop" for insurance companies formularies. These formularies are mainly based on the price negotiated between the insurance companies and the pharmaceutical companies. The patients expect their doctors to concentrate on diagnosing and treating them with the best and most appropriate medicine, not to go "shopping."

A user centric EHR/EMR should allow the doctor to enter the history and physical while concentrating on listening to the patient. The battery of tests should be located in the EMR such that they are easy to locate and can be printed, faxed or e-mailed securely. For example, tests can be stored in a virtual filing cabinet drawer for quick, online access. A functional EMR should have a tracking system to make sure that test results and referrals to other doctors do not fall between the cracks. Prescriptions should be printed, faxed or e-mailed to the pharmacy as well as a copy given to the patient. The EHR/EMR should also be able to print, in real time, the history & physical and test results if the patient requests them. An EHR/EMR should be able to automatically generate a referral letter and then send, fax or e-mail it to a referring physician or a patient in a confidential, secure, HIPAA compliant manner. In addition, the EHR/EMR should be able to intuitively record and retrieve the review of systems, the list of current medications, the list of old medications, allergy to medications, social history and pertinent family history. It should also have a mechanism to help advise patients regarding proper immunizations and timing of screening tests. When all of the above are easily achieved with intuitive technology, then we have the tools that will "cook your food and warm your home and not kill you nor burn your house." I believe such a technology is finally available.

The next generation of EHR/EMR soon to be perfected should be able to incorporate practical clinical guidelines, document and measure complications, outcome and suggest remedial steps. All these to be achieved without disrupting the workflow nor distracting the patient-doctor conversation. Now with the "silver bullet" we have indeed taken a small step forward for technology but a big step for healthcare reform.

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