
EDITORIAL

Electronic health record– a step in the right direction

There was an unexpected announcement in January by Andy Slavitt, the administrator of the Center for Medicare and Medicaid Services (CMS) to repeal the meaningful use incentive program for electronic health record (EHR) as we know it. I have been rather frustrated and disappointed by the transition to EHR under the current program. It was necessary to incentivize EHR on a national basis but there has been a negative impact to patient care that maybe was or wasn't foreseeable. To see how this changed the patient doctor experience, I asked one of our students to record the amount of time for the physician data entry component of a typical 15 minute follow up office visit. To my surprise, there was an average of 9 minutes of my "face to face" time spent with me being the data enterer for meaningful use and other tasks such as logging on and off, verifying, ordering tests, typing notes etc. "Face to face" time has largely been replaced with "face to computer screen". I thought back to a day when we had office staff ready the room for the doctor with the chart, results etc. so that the patient's office visit experience started immediately and lasted for most of the time allotted. In most visits since meaningful use began, I barely move my face away from the computer screen to look at the patient.

The EHR is such a promising tool for physicians that should allow for access to all kinds of information but has become oppressive with the increasing requirements with security and entry of information. The potential for EHR is great but there is **a limit to how much information is needed to provide optimal patient care**. The problem is further compounded when the highly trained doctor is forced into the role of statistics enterer going through endless click after click and password after password to meet the criteria that CMS had placed upon us. This is highly unusual in that in most sectors new technology has dramatically improved the ability to provide services. In this case, it appears to be compromising the patient doctor experience.

I still feel that the EHR is one of the greatest technologies for the field of medicine but clearly we have not found the right formula. It is complicated with all the security and privacy issues but there must be a better way to incorporate it. We don't know what the change will be with CMS but one can only hope that it allows doctors to get back to what we are trained to do. This should mostly involve seeing and caring for patients. Hopefully the new changes will ease the problem of physicians being "clicked off" and let doctors get back to patient care. The thought is that the meaningful use will be replaced by a system of rewarding doctors for patient outcomes. This seems like a more reasonable approach. I know that this is an American policy but seems that this approach of data gathering over patient care is present on a somewhat global basis.

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