IT ROUNDDUP: PART I

EHR Through Not-So-Rose-Colored Glasses
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The benefits of operating clinically with an electronic health record (EHR) are touted everywhere. They are brought to us by the sales force of various products, they come through on subject lines of hundreds of emails, and they can be heard on the evening news or read in the paper. Even our federal government is so certain of its superiority to the traditional paper chart that it is mandating its use in the future. Some of the most commonly cited advantages are accessibility of the records, improved management of paper, better efficiency in clinical care, enhanced patient safety, and higher-quality prevention and chronic disease tracking. If true, this should translate to improved patient care, enhanced patient safety, and much more cumbersome to flip through to find recent updates.

The issue of whether the EHR improves patient safety remains unsettled at best. The Institute of Medicine has gone so far as to issue a report urging governmental agencies to develop defined plans for implementing and assessing safety with electronic records.1

Message fatigue is another hindrance to the improvement in patient safety. Recently, I prescribed a short-term benzodiazepine to a patient with insomnia. In the same patient’s social history, I had entered a short-term benzodiazepine to a patient with insomnia. The flagged interaction between the sleep agent and her “alcohol use” was only able to notice that I had pulled “alcohol use” into her chart, not that it was in the negative. The system was only able to notice that I had pulled “alcohol use” into her chart, not that it was in the negative.

Preventive Care and Chronic Disease

EHR vendors have long touted the improved ability of the electronic record to remind physicians when screening studies are due. The days have passed ever since.

of flipping to the radiology section and realizing a mammogram is more than one year overdue were said to be long gone.

But this, too, appears to be cumbersome in the EHR. While the system is designed to remind the clinician, the interval of reminders and past studies needs to be entered for each patient individually. EHRs, despite being “intelligent,” are unable to anticipate whether you are following the guidelines of the US Preventive Services Task Force, American Cancer Society, or some other professional organization. The amount of data that needs loading has been a significant impediment in our own optimal utilization of this health screening reminder system.

The management of chronic disease is fraught with the same issues. Some markers are easily tracked, such as HgbA1c. Others, such as stress levels following a myocardial infarction, are harder to quantify to establish standards of care. The EHR does make an attempt to set reminders for all clinical conditions, which can quickly amplify the message overload concern described above.

In case you are unsure, I am a proponent of the electronic medical record. I believe its usefulness and potential are extraordinary. It does, however, come with some struggles that cannot be ignored if its clinical value is to be optimized.

References