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Physicians Are Talking About...

The Government Push for Electronic Medical Records

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The economic stimulus plan currently being considered by Congress allocates \$20 billion to health information technology such as electronic medical records (EMRs). Recent postings on Medscape Physician Connect (MPC), a physicians-only discussion board, offer frank opinions about the utility of EMRs in clinical practice -- opinions that are decidedly mixed.

"EMR is the worst thing that has happened to me professionally in over 25 years of practice. My care of patients is impeded and the quality of my care is worse as a direct effect of the introduction of EMR," says a MPC contributor who championed the installation of an EMR system for his physician group.

"I absolutely love our EMR," says a nephrologist. "It has improved the quality of our practice immensely. I spent a lot of time customizing for our practice, but it was worth it. Everything is point and click. To improve care and cost, all patients need a Web-based collection of medical records that include hospitalization, lab reports, x-rays, as well as office notes. That would be the ultimate care."

Physicians who are dissatisfied with EMR systems cite loss of productivity, the negative impact on patient care, and high maintenance requirements. Physicians who have embraced EMRs cite the increased efficiency the systems have brought to their practices. EMRs tend to get high marks from subspecialists and low marks from primary care physicians.

Some of the MPC physicians least satisfied with their EMR systems are those practicing at large healthcare companies or medical centers. "My hospital solicited medical staff support for EMR," says one MPC contributor. "After implementation, administration took over and now EMR is solely for the benefit of medical records as a storage device. To hell with the medical and nursing staffs. RNs are input clerics rather than bedside nurses."

"The very few efficiencies were all on the administrative side," says a regional medical director who helped bring an EMR system to a nationwide healthcare company. "A good sales pitch with nice graphics and testimonials sell it, then the clinical staff is left to suffer."

"EMRs need to address work flows and clinical efficiencies and not seek to provide administrative support," says a general practice physician. "Unfortunately, the administrators are the ones with the time and energy. The rest of us are seeing patients."

In smaller practices, issues of EMR maintenance and support infringe upon patient care. "In my clinic," says a family medicine physician, "provider meetings are completely dominated by EMR issues and problems. There is virtually never time left for discussing topics pertinent to improving patient care."

In speaking about their day-to-day experience with EMRs, primary care physicians complain that entering patient information is cumbersome and time consuming, often because of a template-based system that does not reflect the patient encounter.

"The assumption of the EMR is that you already know the diagnosis when the patient arrives," says an MPC contributor. "This may be better for specialty care, but in primary care, patients come in with fatigue, rash, insomnia,

diarrhea, and cough. It's difficult to enter all this until after the visit."

An internist who describes herself as "tech savvy" says that her system's scripted entries for patient information are inadequate. "If you free-text, it is much more time consuming. And we are discouraged from free-texting by our administration because it doesn't trigger adequate billing codes. Not only has it reduced my time with patients, it has added an extra 2 to 3 hours of work each night from home."

The Choice of Systems

"My advice to practitioners," says one MPC contributor, "is wait for a decent EMR that produces useful notes that accurately describe a patient encounter in a way that helps a clinician."

Waiting may not be an option for much longer, however. One provision of the government stimulus plan would impose reduced payments on physicians who are not "meaningfully using" information technology. Whatever is meant by the provision's phrasing, one thing is clear: the push is on to go electronic. Physicians must learn how to make information technology work for them. One EMR expert says that it starts with the choice of systems. "Primary care practices should stay away from templates and stick to a new program by Praxis® [Infor-Med Medical Information Systems, Inc., Woodland Hills, California] that uses pattern recognition of similar cases as well as rare cases. It decreases the workload immensely. For specialty practices, I recommend templates, and Visionary™ Dream EHR [Visionary Medical Systems, Inc., Tampa, Florida] is excellent in being very user friendly," says an MPC contributor whose research in medical management focuses on EMR systems.

Another MPC contributor notes that the technologically adventurous can customize an EMR system by using open-source software. In open-source systems, he explains, the source code needed for programming is included in the software, making the program infinitely adaptable. "When you buy most proprietary software, you have to accept the functions that come with it, as designed by the developers. With open-source systems, you can modify the software to your heart's content."

Is a Choice of Systems Really a Choice?

For some physicians, however, EMR systems remain a nonissue, and the heavy government funding of healthcare information technologies is nothing more than a smokescreen obscuring the real issues in primary care.

"The government and the public are not able to deal with the real problems facing medical practice and the real solutions necessary to turn it around (ie, reasonable reimbursement rates, malpractice reform, regulation of the unscrupulous practices of the insurance industry)," says an otolaryngologist. He adds that once healthcare information technology is "fully implemented and solves nothing, we can start to talk about real reform and real answers."

View these and other discussions in Physician Connect (physicians only; [click here](#) to learn more).

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Disclosure: Nancy R. Terry, has disclosed no relevant financial relationships.
