



## President's Message

# The EMR — the Good, the Bad, and the Ugly

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*Thanks to the many Indiana University EM Faculty and Alumni who recently participated in a passionate Listserv discussion on the EMR, which provoked this article.*

Some days the EMR is your best friend — when it catches an incorrect drug dosage — and some days your worst enemy — can you say “downtime”? As we continue to examine the culprits behind physician burnout, the EMR is high on the list. Many senior physicians I know have retired early based on their experiences with the EMR, and its erosion of their prime motivation for entering medicine in the first place —the patient-doctor relationship. The AAFP President was quoted as saying, “The current system is making me an expensive secretary and data-entry clerk. The burnout comes from the fact that I want to practice medicine, I don’t want to treat a computer and interact with an insurance company.” A 2013 study from Johns Hopkins showed that interns spent less than ten minutes a day with each hospitalized patient, versus hours in front of a computer screen. Bottom line: our health care system is losing its humanity amid increasingly automated and computer-driven patient interactions (see *The Wall Street Journal*, “Turn Off the Computer and Listen to Your Patient,” Caleb Gardner and John Levinson, September 2016).

The fast-paced world of EM unfortunately highlights several of the detrimental effects of the EMR, as it impacts our ability to quickly form an effective interpersonal relationship with our patients. In an attempt to improve efficiency and satisfy the documentation demands of the EMR, many physicians now drag a WOW (workstation-on-wheels) into the patient’s room. More than once I have observed an EM resident take an entire history from a patient and never once make eye contact! In a specialty where focused histories and the observation of visual cues impacts our ability to make the correct diagnosis, the EMR and WOW often stand in the way. That said, there are some emergency physicians who are quite skillful at utilizing the WOW in a way that also allows them to make a personal connection with the patient, as well as observe the patient’s behavior — not a skill easily or quickly perfected. Composing an EMR on a WOW while simultaneously interviewing the patient is akin to texting and driving, and that’s against the law! The power of observation cannot be over-stated. A colleague who uses scribes related a recent incident, in which his direct observation of a very subtle change in the behavior of a five month-old led him to do a lumbar puncture and diagnose bacterial meningitis. How often do the nuances of electronic templates cause us to prematurely anchor on a single diagnosis and exclude the correct diagnosis?

Who knew in 2009, when Congress passed the Health Information Technology for Economic and Clinical Health (HITECH) Act, that key-boarding would become one of the most essential skills required of physicians? Who knew it would spur the dramatic expansion of three industries: the work-station-on-wheels, scribes, and voice recognition

software? Who knew how many physician-hours would be spent compiling EMRs and the impact that would have on direct patient interaction? The answer to these dilemmas, as well as the answer to establishing an effective relationship with the patient, is scribes — if you can afford them.

This is not to say we’re not our own worst enemies. The size of the data dump that populates the EMR, both generated by the EMR’s author and collected from other electronic sources, is truly incredible. The level of detail our type A personalities force us to include ... and much of it has zero impact on patient outcome or satisfaction. The ability to write or dictate a succinct, medico-legally sound record that can also be appropriately coded is a lost art, gone with the paper chart. As for wellness, how many extra hours are you spending after work doing charts? Another colleague provided this perspective, “I’ve never been thanked by a patient for charting more. My family never thanks me for staying late to chart.”

So, another multifactorial problem: the EMR and WOWs may be the devil, but physicians are not without blame. This is an issue that threatens both the doctor-patient relationship and the quality of care, and a potential advocacy issue for AAEM. Physicians need to drive the development of future EMR regulations and the implementation of evidence-based best practices. We can sit back and let another billion-dollar enterprise take advantage of us (CMGs were first), or we can work collectively to effect the development of an efficient, effective, and easy-to-use EMR for EM. AAEM is considering launching an EMR Best Practices Sub-Committee that will evaluate and compile best practices for the EMR, as well as engage with CMS, other regulatory agencies, and third party payers in a meaningful discussion that will drive future EMR requirements for emergency physicians. Please let me know what you think, especially if you would like to join: [krodrgers@aaem.org](mailto:krodrgers@aaem.org).

I know many emergency physicians have enjoyed Ed Leap’s articles over the years. In celebration of EMRs and for anyone who has or will implement a new EMR system:



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## A Go-Live Prayer by Edwin Leap

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Lord, maker of electrons and human brains, help us as we use this computer system, which You, Sovereign over the Universe, clearly saw coming and didn't stop.

Thank you that suffering draws us to you.

Thank you for jobs, even on bad days.

Forgive us for the unnecessarily profane things we have said, or will say, about this process.

As we go forward, we implore you: Let our tech support fly to us on wings of eagles and know what to do.

May our passwords and logons be up to date.

Protect us from the dreaded 'Ticket' submitted to help us.

May our data be saved, not lost.

Let the things we order be the things we have.

Shield us from power loss, power surge, virus and idiots tinkering with the system.

Give our patients patience to understand why everything takes three hours longer.

And may our prescriptions actually go to the pharmacy.

Keep us from rage and tirades.

Protect the screens from our angry fists.

May everyone go home no more than two or three hours late.

And keep our patients, and sanity, intact.

Great physician, great programmer, heal our computers.

Amen ■

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