

You are More than Data

Taming the Electronic Medical Record

Who hasn't had this experience? You sit down with a health professional and before you have begun to tell your story, they have launched into a series of yes/no questions, their gaze fixed on a monitor screen that displays what their electronic medical record tells them they ought to ask about, while their fingers work a keyboard or a mouse. Consider what is lost in a 15-minute encounter where a staccato interrogatory has displaced the opportunity for the clinician to ask and you to answer, "How are you doing?" Don't you long sometimes to engage in a real conversation with a health professional who looks you right in the eye?

BY MARC RINGEL, MD

I know firsthand what a challenge it is to stay focused on a patient when the computer screen beckons. We health practitioners are no more immune to the seductive power of our electronic displays than teenagers are to their cellphones, especially when the electronic medical record (EMR) bombards us with endless boxes to check and messages to respond to.

All this box-checking generates data, lots of it. A machine can turn data into information that is used to deliver better care. Today even the most basic EMRs routinely send prescriptions directly to the pharmacy after checking them against known allergies and flagging possible drug interactions. They automate laboratory and radiology ordering. They issue reminders for things like immunizations and mammograms. We've only begun to tap the potential of EMRs to improve care of individual patients and the function of practices. Electrons are infinitely more efficient than ink and paper molecules when it comes to transmitting, aggregating, sifting, and processing data, then turning it into reliable research that advances medical science.

But, in the name of collecting and automating "hard" data, we've neglected the "soft" data contained in the stories that are so important to the trust and intimacy that undergird therapeutic relationships.

Relationships supercharge the healing power of science. ("Science supercharges the healing power of relationships" is just as true.) There is little room in EMRs for the sort of prose I employed in the clinical notes that I dictated in the pre-digital world. These words reflected both hard and soft data.

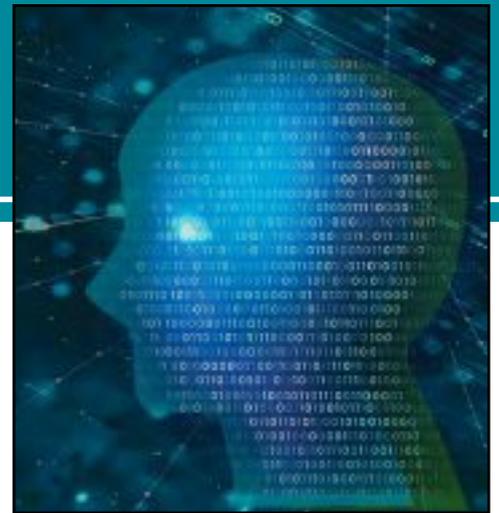
An EMR chops communication up into little bits that a machine can digest. The average physician today spends more time with computers than they do with patients. I don't know anyone who went to medical school so they could fill the majority of their workday (and too many hours outside of work) gazing at monitor screens, recording data, and acting on electronic messages and alerts. Practitioners are at least as unhappy with this situation as patient. EMRs have jammed us into boxes that leave too little room for relationships.

Adding insult to injury is the fact that a large share of the data that people on the frontlines spend their precious time and energy collecting goes to billing and risk avoidance, rather than to actual patient care. The architects of EMRs have mostly been business people and technologists, not the ones who actually use them to take care of patients, nor the patients themselves.

Stories are crucial to human connection, stories that are told in sentences and paragraphs. Through them we learn who each other is. Answers to questions like "How are you doing?" matter a lot. Medical students are taught to start every patient encounter with those sorts of general, non-leading inquiries and then wait for answers, thereby giving both patient and practitioner an idea of whom they're talking to.

That's the ideal, an ideal that, since long before EMRs, modern medicine has failed too often to attain. Studies done before the EMR era documented that in a medical encounter, on average the doctor interrupts patients within 11 seconds of their opening remarks. American medical training and culture are the culprits. Notwithstanding the lip service paid to listening, on average doctors become progressively less good at tuning in as they go through training. Computers have just made things worse.

For clinicians who are afraid of how much time listening to a patient will take away from their crammed schedule, a number of



studies have shown that open-ended queries that give patients time to answer take no longer than do rapid-fire questions that are targeted to elicit "hard" data. Patient outcomes after encounters that contain real conversation are equal to or better than ones punctuated by doctor interruptions. Not surprisingly, both patient and doctor satisfaction are way higher when there has been room for dialog.

Never mind the promises of greater efficiency that EMRs were supposed to bring. Clinicians actually clock fewer patient visits now. Time that used to be spent face-to-face goes to documentation. There's no need to worry about finances though because all those checkboxes provide the documentation that has allowed providers to increase revenue by charging more per encounter.

What is to be done? First off, business people and technologists must take a backseat to clinicians, staff and patients in EMR development and deployment. Processes need to be redesigned. Most of all, the culture of healthcare has to revalue relationships and the stories that feed them. A large piece of the solution lies in developing medical records that do justice to both story and data.

There's no denying that medical science and the data that drives it have brought untold advances to health and wellbeing. But, to realize our full potential to heal, we must reincorporate those therapeutic relationships we so sorely miss. I worry that younger professionals who have only seen patient care through the myopic lenses of today's EMRs may not even know what they're missing. We must reinvent these systems before it's too late. Electronic medical records that do justice to both stories and data could take us a long way in healing patients, practitioners and medicine itself. □