



From the MAFP Presidents Pen -

Computer in the Exam Room: Friend or Foe?

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If you could transport Doc Holiday from the OK Corral to the modern exam room, few things would probably amaze him as much as the little keyboard and TV screen which now is a fixture in nearly every doctor's office. By replacing the quill pen and parchment of yesteryear with a device that has a mind-boggling capability of processing information, docs should have a tool that could take the guesswork out of medicine and greatly improve the quality of care. But the transition from Analog Healer to Digital Doc has not been without some bumps in this process which for many practices in the Bangor area, has been going on for about 15 years.

The use of the Electronic Medical Record (EMR) is actually one of the central goals of The Affordable Care Act in the ongoing transformation of medicine in our 21st century. However, in many ways we are still in the "wild west" of this transition, and there are three specific areas identified by experts that are in need of an upgrade.

1. Interoperability: Many patients who transfer from one practice to another are often surprised to find out that the new office cannot process the data from their previous physician. It's as if one system speaks English while another speaks French and there is no dictionary to translate. Indeed, this has been a great source of frustration for physicians as well since they often cannot find test results done by a previous provider in the unorganized mass of data that we receive when a patient comes from a site using a different system. This past September the leadership of the American Academy of Family Physicians directed the FDA and the Dept of Health and Human Services to require EMR vendors to make a much more credible effort to develop software that could allow the multiple EMR's on the market to communicate and integrate patient data in a usable way. We are still in a situation not unlike the early days of the automobile when there was no agreement on whether the steering wheel should be on the left or on the right, or just consist of a handheld tiller.
2. The Doctor-Patient Relationship: One of the most frequent patient complaints of physicians now is that they spend too much time looking at their screens or typing on the keyboard rather than relating to the patient. Indeed, medical educators put effort in teaching young providers the importance of eye, verbal and tactile contact with the patient. Many experts now advise that doctors use a "medical scribe", a trained assistant in the room to enter the data into the EMR while the provider practices the "art" of medicine by listening closely to the



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patient, examining the patient, and formulating a treatment plan. Studies have shown that patients generally react positively to this assistance, with the exception for discussions regarding very intimate matters wherein a good physician would excuse the scribe for this portion of the visit.

3. Improving the quality of the care provided: Although the EMR can provide detailed analysis of every provider's performance, such as their patient's average BP, blood sugar or the number of times a generic medication was chosen over a brand name, it may surprise the layman to learn that this information is more often used to "grade" the provider rather than assist the provider in optimizing care in a specific encounter. However, recent applications are now beginning to utilize the true analytic power of the computer for direct benefit to the patient. One example is built-in programs to check for drug interactions when a patient is on multiple prescriptions. And just this past year, the American Heart Association developed an evidence-based program that can calculate a person's lifetime risk of developing heart disease. Primary care providers with this app on their EMR can now make a better recommendation regarding the need for starting lipid medication in high risk patients rather than just treating a "number" on a cholesterol test. For those interested in checking their heart disease risk, you can now log on to <http://my.americanheart.org/cvriskcalculator>.

Physicians and their patients remain on a journey toward using the great potential that the EMR offers for improving health care. In our lifetimes we might not get to the science fiction of Star Trek where "Bones" McCoy can wave a tricorder over a patient to get an instant diagnosis, but we are quite ahead of the world where the doctor could only use the simple tools in the black bag guided by his or her own limited experience. However, we are still using this technology in a very limited (and sometimes unsatisfying) fashion. We ask your patience and participation as our leaders in medical and computer science make the use of the EMR more patient (and provider!) friendly and allow the computer to live up to its potential for actually improving health outcomes.