Escaping the heat in the EMR pool

In this issue of the *Journal*, we offer two swimming pool analogies related to the electronic medical record (EMR). On page 408, Dr. J. Timothy Hanlon voices concern for physicians feeling pressured by time-limited government incentives to dive into purchasing an EMR system. Some concerns relate to the relatively immature software, some are concerns from surveys of physicians not yet using EMRs, and some relate to the way physicians use EMRs.

In reply, based on his experience, Dr. Tom Abelson (page 415) defends EMRs, predicting that their current weaknesses will be overcome as technology improves, and the faster we embrace this technologic advance, the faster fixes for initial limitations will be developed. We are, he says, just learning to swim.

The EMR is a tool, but a tool performs at the skill level of the user. The EMR is more powerful than the paper record it replaces, offering the promise of being searchable, interactive, and able to prompt us to perform in predefined ways, and also linking us at the point of care with reference materials. But the information contained in the EMR can be no better than what we enter. An EMR cannot supplant our need to think and act as physicians defending our patients' best interests.

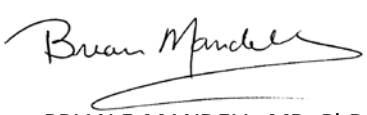
Our skill in using the EMR is evolving. Thus far, cut-and-paste and other electronic shortcuts are rampant and are a detriment to quality care, but these are examples of misuse and are not an intrinsic fault of the tool. These physician behaviors can be curtailed.

The EMR cannot be read like a book. Events, consultations, and nursing interventions do not readily unfold in chronologic order. Suggestions of consultants can be missed, and perhaps due to limited typing skills, clinical reasoning is not fully explained (was it always clearly explained on paper?). The notes, however, *are* legible.

We must not be enticed to let EMRs overly influence our billing practices. Rather, the EMR should be a tool to improve the accuracy of the record of the patient encounter.

The EMR can come between the doctor and patient, but it need not. We need to be a bit more attentive to the patient, push back intermittently from the keyboard, and make eye contact. We need to engage the patient with his or her EMR on screen—show some trended lab results or radiographic images and, when they leave, present them with a typed set of legible instructions and their drug list (noting that all this information, and more, can be available to the next physician that they see, by cyberlink or via fax).

For those of you adopting an EMR system, I suggest you make sure you get adequate, continued access to on-site support from your vendor. The tool must be trained to swim in your pool.



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