

Electronic Medical Records: Is it Time?

It is clear to me that eventually electronic medical records (EMRs) will be the standard system used in medical practices. The question is, when? President Bush has set 2012 as a goal for wide-scale adoption of EMRs by the US health care system. Politicians have embraced this proposal, yet nationally only 25% of doctors have adopted EMRs.¹ I suspect it may be even lower among dermatologists. Thus, we may ask ourselves, is it time to adopt EMRs?

The benefits of EMRs are compelling. First and foremost, there are never any missing records or reports with EMRs. This is critical for acute care in hospitals. A previous electrocardiogram or chest X-ray report can be instantly retrieved 24 hours a day. This is less critical for dermatology. I do not think as many charts are lost within a medical office as are in a hospital in a large medical center, but of course it is a problem when the chart is missing.

EMRs may also improve office efficiency. An EMR system can be linked electronically to pathology labs to allow seamless acquisition of biopsy reports, and prescriptions can be sent electronically to pharmacies. Patients can even schedule an office visit online. Finally, some systems can analyze the amount of information collected in an office visit and recommend the appropriate level of office visit to bill.

The advantages of EMRs sound great: increased office efficiency, no missing records or reports, and more accurate billing. Therefore, I purchased an EMR system, but discovered the reality is not the same as the promise.

The largest problem with the EMR system is implementation. Most systems can be set up with a template to do anything you want. The problem is how long it can take to set up the system. I am a doctor, not a computer programmer. It can take hundreds of hours to set up the complicated system of your dreams. For someone already in practice, this is a serious problem.

The idea is that every scenario would be prewritten as a "template," and rather than writing, one would click on a series of prewritten lists and thus construct a narrative. I have been amazed to discover how nuanced dermatology is; in fact, it is very difficult to have a prewritten template. Dermatologists themselves are nuanced, and the type of record desired by different doctors is highly variable. There really is no predesigned EMR ready to use "out of the box."

If one were starting up a new practice and had some free time, then setting up an EMR system would make sense. However, if one has an established practice, then setting up a new system would be a major hurdle and would require a significant investment of time.

After the EMR system is set up, is it helpful? The answer is mixed. The previously mentioned benefits are real, but the unseen downside is lack of speed. EMRs are actually slower than some old-fashioned charting methods. Nothing is faster than dictation; using EMRs is in fact much slower. Hand-written notes can also be much faster than EMRs, but that of course depends on factors such as how much you write and whether you use a scribe. The truth is, with all the pointing and clicking and opening and closing of boxes, EMRs are cumbersome. For an internist seeing 3 to 4 patients per hour, this is no problem. For a high-volume dermatologist seeing 6 to 8 patients per hour, using EMRs becomes a rate-limiting step.

My solution is to compromise with EMRs. When I am not as busy, I can use the system as it was designed. When I am pressed for time, I dictate and insert the dictation into the EMR the next day after transcription. This is not what the EMR system was designed for, but at least our office is going paperless.

I do not see how the government can mandate the use of EMRs as proposed. There are too many established practices that will not be able to convert to the electronic system. I imagine there will be financial incentives and pressure on hospitals to adopt the system, but is now the time to do so? The answer is yes only if you are new to practice. Otherwise, it may be wise to wait until the technology evolves and improves. On the other hand, some day EMRs may be mandatory, which may force doctors to convert quickly. Therefore, we shouldn't wait too long to make this transition. ■

James M. Spencer, MD, MS
New York, NY

Reference

1. Burt CW, Hing E, Woodwell D. National Center for Health Statistics. Centers for Disease Control and Prevention Web site. Electronic medical records used by office-based physicians: United States, 2005. Available at: <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/electronic/electronic.htm>. Accessed May 21, 2007.