Bureaucracy, Regulations, and Burnout

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October 27, 2017
DISCLOSURE OF RELEVANT RELATIONSHIPS WITH INDUSTRY

Mark D. Kaufmann, MD

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none
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SECOND OPINION

WHAT SEEMS TO BE THE PROBLEM, MRS. JOHNSON?

I FEEL THE WAY YOU LOOK!
Autonomy
GOVERNMENT

IF YOU THINK THE PROBLEMS WE CREATE ARE BAD,
JUST WAIT UNTIL YOU SEE OUR SOLUTIONS.
Evolutionary Pressures on the Electronic Health Record
Caring for Complexity

Donna M. Zulman, MD, MS; Nigam H. Shah, MBBS, PhD; Abraham Verghese, MD

*JAMA*. 2016;316(9):923-924.
Evolutionary Pressures on the Electronic Health Record
Caring for Complexity

Frances Peabody’s timeless lecture to Harvard Medical School students, published in JAMA almost 90 years ago,¹ spoke of the complex and deeply human experience of illness, as epitomized by the powerful observation “for the secret of the care of the patient is in caring for the patient.”

Peabody emphasized how caring meant understanding for each patient how particular personal and emotional circumstances influenced his or her health. Today, clinicians encounter a level of complexity—co-occurring chronic and rare diseases, organ transplantation, artificial devices—that has completely altered the practice of medicine, while the personal experience of illness and the social context are as important as ever.

Escalating clinical complexity has increased the dependence on technology for diagnosis, illness monitoring, and treatment, and most physicians experience this dependence daily in interactions with the electronic health record. For instance, when a 55-year-old woman of Asian heritage presents to her physician with asthma and new-onset moderate hypertension, it would be helpful for an EHR system to find a personalized cohort of patients (based on key similarities or by using population data weighted by specific patient characteristics) to suggest a course of action based on how those patients responded to certain antihypertensive medication classes, thus providing practice-based evidence when randomized trial evidence is lacking.

Bloated records, devoid of meaning and full of cut-and-paste content, are leading some to call for adopting a “less is more” strategy that prioritizes relevant information.² For patients with multiple active health issues, EHRs can generate an overwhelming number of reminders, resulting in dangerous alert fatigue. Outside of health care, other sectors have found suitable solutions for this type of challenge: the airline industry limits the number of alerts that display on the flight deck, and the US National Park Service limits the number of chaperones that can join a crowd.


“There is building resentment against the shackles of the present EHR; every additional click inflicts a nick on physicians’ morale.”
"At present, the spectacular effects of computers in science and in the secular world are not reflected in the EHR, which for physicians remains burdensome, all-consuming, and far from intuitive; this is not surprising, when the dominant EHRs are designed for billing and not primarily for ease of use by those who provide care,"
Authority
Suggestions

Date

My suggestion(s):

My suggestion(s) would benefit:

Other comments or suggestions:

(You may also use the back of this card)

Name (optional):

www.displayigo.com

Item #50145
“Don’t find fault - find a remedy.”

–Henry Ford
Evolutionary Pressures on the Electronic Health Record
Caring for Complexity

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“Existing EHRs also have yet to seize one of the greatest opportunities of comprehensive record systems—learning from what happened to similar patients and summarizing that experience for the treating physician and the patient.”
"Current records miss opportunities to harness available data and predictive analytics to individualize treatment. Meanwhile, sophisticated advances in technology are going untapped. Better medical record systems are needed that are dissociated from billing, [are] intuitive and helpful and allow physicians to be fully present with their patients."
