

# Is too much e-communication swamping doctors?

March 4 2013, by Alan Mozes, Healthday Reporter

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In survey of VA primary care docs, 30 percent said they'd missed patient test results .

(HealthDay)—As hospitals increasingly forgo pen and paper in favor of "e-records," new research suggests the move is leaving many doctors struggling in a sea of daily communications.

The new survey of almost 2,600 [primary care](#) doctors found nearly a third saying they've missed important patient test results because they got distracted by less urgent information filling up their screens.

"The problem is that it's now so much easier to communicate than ever before," explained study lead author Dr. Hardeep Singh, chief of [health policy](#), quality, and informatics at the Michael E. DeBakey Veterans Affairs Medical Center, in Houston. "[Sending messages](#) electronically is

very convenient. But it's also meant that a lot of noise is coming the way of physicians who are the gatekeepers, and as the information mounts the risk is that they miss the really important information."

Singh and his colleagues published their findings in the March 4 online issue of *JAMA* [Internal Medicine](#).

At issue is not traditional emails between patient and [health care providers](#), the researchers stressed.

"The focus here is on secure, patient-related messages that are exchanged over a closed network of coordinated care workers," said Singh, who is also an assistant professor in the department of medicine at Houston's Baylor College of Medicine.

"That means radiologists, nurses, dietitians, podiatrists, endocrinologists, specialists of this kind or that sending primary care doctors so-called 'asynchronous alerts,' which are delivered as messages to an inbox rather than as pop-ups," he said.

But are all these incoming messages becoming a bit too much? To find out, the authors sent out a 105-item online poll to VA primary care doctors, all of whom used the same electronic health record portal.

The result: The vast majority of responding doctors (almost 87 percent) said they receive far too many alerts per day (at an average of 63), with almost 70 percent saying that they got more daily alerts than they could effectively handle.

More than half (almost 56 percent) said they believed the alert notification system they used had the potential to cause them to miss test results, while nearly 30 percent said it already had done so.

Singh, whose work was supported by the Department of Veterans Affairs National Center for Patient Safety, characterized this type of information overload as "a new issue for which there is no easy answer." That may be because some physicians are more adept than others at handling these messages.

"Some doctors have overload with 30 messages a day, while others don't with a 100 a day," Singh said. "But the bombardment of the electronic health record system is certainly a really important problem. So we are trying to figure out ways to cut down on some of the redundant alerts and to make the system easier to use."

Certain steps might help, "like color-coding messages for importance, and using folders to automatically sort out critical information," he said. "Some of that already exists, and some of that needs to improve."

For his part, Dr. William Tierney, president and CEO of the Regenstrief Institute, Inc., and associate dean for clinical effectiveness research at the Indiana University School of Medicine in Indianapolis, said a return to paper files is not an option.

"It's important to recognize that the old paper systems were not better," he said. "If anything, they were worse. But it's also true that the new electronic systems are very young, and they are imperfect. And they're being implemented very broadly and very quickly, so they're not going to do all things they have to do early on in their use."

"The problem," Tierney added, "is that they're not easy for physicians to navigate, because most electronic portals are not designed for clinicians by clinicians. Companies are hired to design these systems with *billing* in mind, first and foremost. Clinical needs have been seen as an add-on feature, and that means systems are generated that may not be helpful at all."

Given that important [test results](#) are sometimes being missed, should patients be alarmed?

"This survey raises the notion of caution," Tierney said. "These systems are going to get better in the future. But meanwhile everyone has to be vigilant. Which means don't assume if your doctor doesn't call you that means he's gotten your results and everything's fine. You need to check."

**More information:** For more on electronic health records, visit [HealthIT.gov](#).

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Citation: Is too much e-communication swamping doctors? (2013, March 4) retrieved 6 May 2024 from <https://medicalxpress.com/news/2013-03-e-communication-swamping-doctors.html>

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