

# Level of computer use in clinical encounters associated with patient satisfaction

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Patients at safety-net hospital clinics where there was high computer use by clinicians were less likely to rate their care as excellent, according to an article published online by *JAMA Internal Medicine*.

Safety-net clinics serve populations with limited [health](#) literacy and limited proficiency in English who experience communication barriers that can contribute to disparities in care and health. The implementation of [electronic health records](#) in safety-net clinics may affect communication between patients and [health care providers](#).

Neda Ratanawongsa, M.D., M.P.H., of the University of California, San Francisco, and coauthors looked at clinician computer use and communication with patients with chronic disease in safety-net clinics. The study was conducted over two years at an academically affiliated public hospital with a basic electronic health record. The study included 47 patients who spoke English or Spanish and received primary and subspecialty care.

The authors recorded 71 encounters among 47 patients and 39 [clinicians](#). Compared with patients in [clinical encounters](#) with low computer use, patients who had clinical encounters with high computer use were less likely to rate their care as excellent (12 of 25 patients [48 percent] vs. 16 of 19 [83 percent] patients). Clinicians in encounters with high computer use also engaged in more negative rapport building, according to the results.

"High computer use by clinicians in safety-net clinics was associated with lower patient satisfaction and observable communication differences. Although social rapport building can build trust and satisfaction, concurrent computer use may inhibit authentic engagement, and multitasking clinicians may miss openings for deeper connection with their patients," the authors conclude.

In a related commentary, Richard M. Frankel, Ph.D., of the Indiana University School of Medicine, Indianapolis, writes: "The study by Ratanawongsa et al reminds us that our most vulnerable [patients](#) may be at even greater risk than others when a disproportionate amount of a physician's time is spent interacting with the computer screen and not with the patient. It is said that technology is neither good nor bad, but it is not neutral. Our challenge is to find the best ways to incorporate computers in the examination room without losing the heart and soul of medicine: the physician-patient relationship."

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