Hospital, office physicians have differing laments about electronic records

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The imperative to capture detailed information about patient encounters in electronic health records has led to widespread concerns among doctors that the process undermines interaction and time with patients. Credit: Brown University

A new study reports widespread agreement among physicians that maintaining electronic health records (EHRs) undermines their connection with patients. The analysis found, however, that hospital-based physicians most often decried how EHRs take time away from

patient contact, while office-based physicians most often lamented that EHRs detract from the quality of their patient interactions.

The analysis by researchers at Brown University and Healthcentric Advisors, novel for its relatively large sample size and its incorporation of both hospital and office-based physicians, is based on the open-ended answers that 744 doctors gave to this question on a Rhode Island Department of Health survey in 2014: "How does using an EHR affect your interaction with patients?"

The survey question was optional but hardly trivial, said study co-author Dr. Rebekah Gardner, an associate professor of medicine at the Warren Alpert Medical School and a senior medical scientist with Healthcentric Advisors. With the goal of improving the quality of care, federal "Meaningful Use" standards have vastly expanded the amount of information that doctors must capture. But the American Medical Association has raised concerns about EHR software usability, and studies have shown that the burden of meticulously filling out electronic health records is a major cause of physicians experiencing burnout, a discouraged form of emotional exhaustion and depersonalization in their work.

"Physicians who are burnt out provide lower-quality care," Gardner said. "What this speaks to is that we, as physicians, need to demand a rethinking of how quality is measured and if we're really getting the quality we hoped when we put in EHRs. There are unintended consequences of measuring quality as it's currently being done."

Gardner also cited research indicating that patients who feel their doctors don't understand them or communicate poorly are less likely to stick with treatments and engage in follow-up visits, which can undermine their care.

In highlighting how EHRs impose different burdens on different physicians, the study in the *Journal of Innovation in Health Informatics* illustrates that EHRs pose a multifaceted set of problems for medical practice, she said. Even so, doctors responding to the survey also acknowledged that EHRs are both here to stay and provide important benefits, such as ready access to information.

To conduct the study, Gardner worked with lead author Kimberly Pelland of Healthcentric Advisors and Rosa Baier, associate director of the Center for Long-Term Care Quality and Innovation and an associate professor of the practice at the Brown University School of Public Health.

Reckonings on records

The study quotes survey answers that exemplified the problems and promise of EHRs. Office-based physicians typically bring their computers into the exam room, leading one doctor to worry that staring at a computer rather than the patient seemed rude: "[It's] like having someone at the dinner table texting rather than paying attention."

Hospital physicians, meanwhile, typically perform their record keeping outside the exam room. They find that being tethered to their computers means they can't visit patients as much. As one such doctor put it: "I now spend much less time [with] patients because I know I have hours of data entry to complete."

While office-based physicians mainly complained about patient interaction and hospital-based physicians primarily worried over reduced time for patients, each group's second-most common lament was the other group's most common. They share the same concerns, albeit in distinct orders.

A minority of physicians said EHRs did not undermine their ability to connect with patients. The study noted one whose patients happened to be newborns and another who cited employing a medical scribe to handle the data entry during office visits.

More commonly, Pelland said, the way that physicians try to minimize the impact on patient care is to shift data entry to, as one office-based doctor put it, "hours and hours of work at home." Doctors have also begun to seek out continuing medical education on how to best integrate EHR use during patient visits to minimize disruption.

In the survey, doctors sometimes acknowledged that records can provide benefits to patient interaction. One hospital doctor praised the ease that EHRs provide in calling up a patient's history. Some office-based physicians, meanwhile, commented on how web-based patient portals improve communication with patients. Others described how they make use of their computers to interact with patients, for instance by calling up and displaying educational illustrations of medical conditions.

But the clear preponderance of comments regarding EHRs and patient care skewed negative, the authors said.

"Those tasks require a lot more brain power, focus and energy being shifted away from the patient," Pelland said. "The attention is being paid to the computer."

Provided by Brown University

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