Computerized Physician Order Entry: Coming to a Hospital Near You

By J. Scott Litton, Jr, MD [3]

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As the changing waves of healthcare reform continue to wash to the shoreline, I find that I am a physician in the minority. About three weeks ago, our small community hospital ushered in a work flow change that requires physicians to enter their orders via computers. This new concept is referred to as CPOE, or computerized physician order entry.

I see that I am in the minority of physicians in current practice because I am in solo private practice and still maintain active medical staff privileges at our hospital. Not only am I seeing patients in the office Monday through Friday, but I also round on my patients in the hospital daily. CPOE brings with it obvious advantages to the patient because it removes the possibility of a ward clerk incorrectly deciphering a physician's illegible writing in order to enter orders for the inpatients: The process requires that physicians are no longer able to routinely write orders in the chart and we are no longer able to call in verbal orders for our patients while we are not present on the wards. However, CPOE also challenges clinicians at physician practices.

For current physicians in practice, many of us have interpreted this move as a way for hospital administrators to encourage us to relinquish our privileges to the hospitalists for inpatient care. When nurses page the physician to relay a patient concern or problem, our answer to the nurse can no longer be translated into an order. Rather, we must stop what we are doing and go to a computer terminal and enter our orders directly for patient care. This work flow provides obstacles for patient care both in the office and in the hospital. This work flow requires that we delay caring for our patients in the office so that the required order can be appropriately entered into the computer system.

The reason that hospitals across the country are embracing the CPOE method is due to the healthcare reform signed into law in 2010 by President Obama. In order for hospitals to demonstrate their meaningful use of computer systems, a certain percentage of orders must be electronically entered by the attending physician directly. As the stages of meaningful use make their way to the hospitals, physicians are going to be required to do more and more work themselves and rely less and less on the ancillary nursing staff.

While the concept of CPOE does have advantages for improving patient care, it does cause those of us in private practice to have our day interrupted further for administrative-type work. In the past, a page from the nursing staff for a patient concern was typically answered and completed in less than one to two minutes. Now the same page takes at least five to six minutes to complete. While this difference in time might seem miniscule to most, if you add up the total number of interruptions during the day, the time commitment can quickly add up to an extra 30 to 60 minutes of lost productivity in the office.

Many of us have already accepted the requirements for CMS’ meaningful use incentive program in our outpatient practices and have efficiently incorporated the requirements into improving our workflow and efficiency.

The EHR systems in use by many hospitals are not as robust as the outpatient EHR systems, and as a result, there will be lost minutes of productivity on a daily basis. The total aggregate of these lost minutes will add up to days of lost revenue in the office and will further hamper the vitality of the solo private physician. While many of my colleagues will choose to relinquish their inpatient privileges and focus on outpatient care only, I will stay in the game and do my best to provide care to my patients both in the office and in the hospital. Even now as the Supreme Court convenes on the arguments heard just this week regarding the Constitutionality of the Affordable Care Act, we physicians are left to face the changes to our practice patterns that have already been put into place.
and do our best to continue doing our job of caring for our patients.

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