

Doctors and the Information Technology Paradox

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Healthcare IT has great potential, but the lack of compatibility and conformity is making its role as a cost- and time-saving savior improbable.

Source: Physicians Practice

I recently sat in a small room, in the bowels of a local hospital, training for the impending implementation of CPOE. For those not familiar with current healthcare acronyms, this stands for: **C** omputerized **P**hysician **O**rder **E**ntry.

Nearing the end of my medical career, I could not help but admire the timing of this phenomenon. "They've finally done it," I mused silently. They have replaced the medical secretary with none other than the physician. I supposed this was inevitable. After all, for years now I have been stuffing my own charts with order sheets and progress notes, applying patient labels to same, retrieving my own lab and radiology reports, etc. This was just the logical conclusion.

But for one who has been an EHR advocate, the irony did not escape me. For almost 10 years now my cardiology group practice has used an EHR, and although it took me a good six months to become comfortable with it, I now couldn't imagine going back to a paper chart. So why is the hospital equivalent so painful for myself and many other older doctors?

Lack of compatibility and conformity is one big reason. I am on staff at six local hospitals, which have three separate EHRs. That means learning the ins and outs of three completely different means of accessing and inputting data. There are three different sets of user IDs and passwords, which change at different times and all with variable character requirements. If I read EKGs or diagnostic studies, it is probable that I must use a different application with other unique IDs and passwords as means of navigation.

How bad is it? Well, because of this, and other personal applications that I access, I succumbed to a password keeper application. In less than six months, I now have about 75 different apps, or programs, for passwords, which are now kept quite nicely on my iPhone, iPad, home computer, and in the "cloud." For those of you technologically challenged, the "cloud" is a mysterious data storage area kept in a baffling location, holding onto a humungous number of bits, (or is it bytes?), of information all over the world. You can dump — and retrieve — data into and out of it with the touch of a keystroke. (Provided of course that you remember the correct user ID and password.)

Information technology (IT) is a wonderful thing. Yet, because of the ease, and wealth of information that can be handled, there is a tendency to abuse it. How much better is my life after reading, (or deleting), 100 or more e-mails a day? Do I really need a weekly e-mail update from the medical staff secretary about which drugs are now unavailable due to a "national shortage?" If I order it, and the pharmacy doesn't have it, they will let me know, and I will order something else.

It is easy to lose site of the fact that IT is just a tool, and like any tool, can be used to improve our lives, entertain us, or to do evil, as in identity theft. My gripe is that the push for a nationalized EHR has come without any true means of having seamless integration of the multitude of programs. Few records, like hospital and physician offices, "speak to each other" electronically, and therefore create as many problems as they solve. Physicians' efficient use of precious limited time has become another victim.

We were sold a false bill of goods. Optimistic predictions by a RAND study in 2005 helped drive explosive growth in the EHR industry and encouraged the federal government to give billions of dollars in financial incentives to hospitals and doctors that put the systems in place. (And oh by the way, RAND's 2005 report was paid for by a group of companies, including General Electric Co. and Cerner Corp., that have profited by developing and selling electronic records systems to hospitals and physician practices. Cerner's revenue has nearly tripled since the report was released, from \$1 billion to a projected \$3 billion in 2013.) But evidence of significant savings is scant, and there is increasing concern that EHRs have actually added to costs by making it easier to bill more for some services. Whoops.

The U.S. health system is so large and heterogeneous that it is virtually impossible to integrate it in a

seamless fashion. Imagine if we could carry around a microchip that stores all of our medical history and testing so any healthcare provider could access it instantly. So if you just had a coronary stent a few years ago in Miami, and while vacationing in Seattle you have chest pain, a local ER doctor can instantly read your old EKG and cath reports. Now that would be progress and provide potentially billions in savings. Of course there are privacy issues to overcome, but don't tell me that the technology is not there to accomplish this.

We must standardize more. A decade or more ago as diagnostic studies became increasingly computerized, the cardiology and radiology fields faced a similar crisis. Ultimately, a universal display format called DICOM, was adopted, so viewing studies anywhere on any computer was feasible.

This is the only way for medicine and IT to become maximally useful and make doctors more efficient. Hopefully someone will spearhead this effort, but I will likely be retired and out fishing on my boat by then.

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