EHR: electronic health record or eternal headache rouser

I don’t miss it. I also understand, however, under current federal law my current practice and all practices will eventually be forced to buy an EHR.

Today I went to see my PCP for my annual physical. Thank goodness I passed with flying colors. I enjoyed my visit with him except for the mandatory prostate check. As always, he is very gracious with his time and commitment to my health. His focus on me and willingness to talk about my health concerns never waivers. I assume he gives the same dedication to his other patients. He is a premier example of what a PCP should be.

He and his associates recently moved to a new location. It is a nice and comfortable office with all the amenities. I noticed during our visit what appeared to be a new EHR (electronic health record), as I recalled a year earlier his office was still using the archaic, outdated, and horrid paper charts (insert tongue into cheek). I was amazed that these relics were still being used last year, and the clutter of charts throughout the office was clear. Last year these “hold-overs” were clinging to a soon to be extinct remnant of our office past. With their physical move, they finally made the proverbial “leap” into the EHR.

At a superficial glance, it appeared to me that this was a smoothly functioning system. I consider myself to be familiar with EHRs since I have had the opportunity to use several different ones since 2003. I started with a voice recognition system, then I used a tab oriented entry and template system, and then a web-based system. With each system there was a steep learning curve, and with each system there was an inevitable terminal velocity (meaning no matter how good or efficient I was at using the system, eventually I reached a speed that was limited by the system itself, a speed which never approached the speed I could complete a paper chart). This is, to me, the ultimate frustration of the EHR (eternal headache rouser).

When using these records, I have found myself incapable of completing the records during the patient’s office visit. Many nights I would be awake, when the family had long gone to bed, struggling to complete the records for the day using these systems. After a while I noticed the stacks of incomplete notes growing because I couldn’t keep up.

Thinking maybe it was just me suffering from such frustrations, I inquired from other physicians about their experience. I concluded that the majority of these practitioners were having the same exact difficulties. How did we get ourselves into this predicament? Did we embrace this electronic medical record too soon? In my current practice we have yet to transition to EHR, and I have to admit that

The fact of the matter is we have all been misguided and misinformation. Although, there are clear advantages to EHRs, and I think ultimately these advantages may outweigh the disadvantages; these systems are currently a drag on us and our practices. Current systems fail to accomplish what they are advertised to do which is to make our practices more efficient and time saving. I believe mandating this technology until it is improved upon is a no win situation for all of us, patients and physicians alike. Oh... I almost forgot. Remember “meaningful use”. Good luck with that. Maybe it’s time to write our representatives and protest this mandate. Let us know your thoughts and experiences.
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A combination of poorly informed governmental decisions and bureaucratic bungling has created a medical emergency across the state for thousands of dual-eligible Texans and the physicians who care for them.

“Dual-eligible” patients are old enough to qualify for Medicare and able to qualify for Medicaid assistance because of their income. Steep budget cuts threaten their care — and may force some doctors to close their doors.

Please ask Texas legislators and the Legislative Budget Board to reverse the cap on Medicaid-allowable payments for dual-eligible patients and ensure physicians can continue to see these patients.

Please print your name and address.

Please fax signed petition to TMA at (512) 370-1693.