

Presenting a Health Information Technology Short Story in 3 Parts

Ann

Ann is a patient of mine who I have seen over the last 15 years or so. She is middle-aged and has some of the medical and social issues that are common in a family medicine patient population and in this age group including hypertension, diabetes as well as social issues. She takes care of her elderly mother and worries about her daughter and two young grandchildren. Until recently she also worked full time. How she obtains her care from our office, however is fairly cutting edge and reveals a glimpse of how primary care, enabled by effective health information technology should work. Before she or her mother comes in for a visit she e-mails me her information by web portal. This information includes her blood pressure readings, blood sugar readings, but more importantly how she is feeling and how she is doing with regard to her mother, daughter, grandchildren and job. She tells me how her medication is working and whether she needs any refills. She reminds me if she is due for laboratory tests or if there are laboratory tests are pending.

It is hard to describe how wonderful this is. When I walk into the examination room much of the documentation is already completed, Her labs and studies are in the chart thus allowing me time to just talk with her about various things. We can communicate and get things done between office visits. Presently Ann is the exception rather than the rule, but it is a wonderful way to work.

Jack

Jack is my internist bicycling buddy. One morning in June as we were on the road early, he commented that he was sending me a nice patient whose insurance he no longer accepted. Jack is an excellent physician and this would be the only reason in my mind at any patient's would leave him. A few weeks later this lovely lady presented to my office for a first visit, bringing her records which were printed from my friend Jack's electronic health record. I said almost aloud to myself "what the hell" and proceeded to manually enter this patient's information into my electronic health record. But here is the real kicker-I am in a large physician group affiliated with the hospital with an electronic health record. Jack is part of a 50 physician medical group, his office being about 5 miles from my own and also has an electronic health record. These electronic health records are the same electronic health record and do not communicate with each other in any way.

Lou

Like many physicians who have made the transition to electronic health records, there is no way I would go back to using paper records. I like to say that my worst day with an electronic health record is better than my best day with a paper record. Some days quite honestly, a dark mood comes over me. I have been thinking about this stuff since the late 1990s and if you would have told me back then that in 2010 we would still be in the position to communicate mostly with paper, I would have laughed. Additionally, as I have become more connected to my patient's electronically and have been more effective and efficient with my system, I have not needed to see patients as much within the office setting. Although this is a laudable outcome of an effective and interoperable (to a certain extent) health information technology solution, since I am paid only for seeing patients in the office, some days I think I am going out of business. The message is that full interoperability of health information is a laudable goal but will certainly mandate a profound change in the rest of the health care system. The development and rule out of communicating and interoperable systems does not operate in a vacuum and will certainly incur profound changes as well as produce unforeseen effects.

Thanks for listening and asking-I really appreciate it

Thank you for my 5 minutes of Fame (I assume that the 5 minutes is 15 minutes after inflation).

Lou Spikol M.D.