EMR implementation and use:

the physician perspective

Excerpts from interviews

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Making the move to electronic medical records (EMRs) involves important decisions. How the benefits attributed to EMRs are actually realized in medical practice is still not well studied or defined. This knowledge deficit provided the impetus for us to explore what really happens in the journey to EMR use. We undertook a research study — the Informatics: Enhancing the Clinical Experience? (ICE)* study — in 30 British Columbia primary care clinics to find out what effect the use of an EMR has on patient care and which of the benefits accredited to EMR use are real and which are myths.

We interviewed 43 physicians and 81 office staff in both paper-based and EMR-based clinics. In addition, 242 patients filled out questionnaires before and after their visit with a physician. At a later stage of the research, 68 clinic representatives completed a survey with both quantitative and qualitative components.

Here we present a small portion of our findings, focusing specifically on physicians' views about using an EMR in their clinics. These comments, both from paper-based physicians who have chosen not to use an EMR and those who are EMR-based and who are seeing benefits, illustrate what physicians need to be looking for when they are considering implementing an IT into their clinical practice. This information is also particularly useful for anyone developing systems and products and wants to ensure they meet physician needs.

Quotes have been modified in some cases to improve readability.

Why did you choose not to use an EMR?

"The negative side would be in the electronic record, which would be so time-consuming and so full of potential mistakes happening that probably the patient record would be inferior to the way we're doing it today — not probably, definitely."

Physician, paper-based clinic

*Detailed results of the ICE study will be published throughout 2008 and 2009. Please see www.pathgroup.ca for more information.

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"So far there's no interface with the hospital system ... that's a barrier to going to electronic medical records. ... So all that information would have to be either entered in by an MOA [medical office administrator] or scanned in."

Physician, paper-based clinic

"I don't think it's ever going to happen here because we would have to physically rebuild the office. Just a simple thing like moving the computer between the two people — it's impossible."

Physician, paper-based clinic

"I'm really just waiting for an EMR that works for me. And then hopefully I'll be able to afford it. Even if I found the perfect system, I don't think I'd be able to see more patients a day. My time isn't taken up with records. My time is taken up with the actual patient. And because I can write and talk to the patient at the same time, that gets dealt with."

Physician, paper-based clinic

"Even if the patient was close to the screen, I still think that there's this perception that that's where your focus is, on the screen. To me, making eye contact with the patient is important. Reading their body language, seeing what their response is to what I say or suggest is important. And I think those nuances are part of what sets family practice apart from a specialty like surgery or whatever. I would be concerned about losing information from the patient simply because I'm not watching them. I don't know how to get around that."

Physician, paper-based clinic

"I'm so much more comfortable with paper because I've done it for 18 years. I get very afraid of losing some data and not being able to flag it. When it comes in on paper, I physically look at every sheet, whereas, if it just goes into the computer somewhere, I don't know."

Physician, EMR-based clinic

"To me, making eye contact with the patient is important."

"It's being prepared to take the risk. It's about making the investment of time and money to make change. It's the same sort of problem that my obese diabetic [patient] has. He's got to get to the gym, he's got to change his eating habits, he's got to take it seriously. I'm talking like an AA member here. It's stages of change: thinking about change, getting ready to make change, then making the change and getting used to it... . I still don't feel emotionally ready to commit the time and money to the whole EMR process.

"And it's a question of weighing the benefits and the risks; right now I'm quite comfortable with my current system. If it was in chaos, I think change would be a lot more attractive. I've always liked writing on paper. I'm not a computer person and I haven't had positive experiences with technology."

Physician, paper-based clinic

Why did you choose to use an EMR?

"We're running out of space. I think with a new physician joining, we just went over capacity and some of the charts have gotten too thick. We've had to thin many of the charts down to only the most recent few years. When patients have two or three volumes, maybe more, the earlier volumes get sent upstairs where we have a room. That's why I'm looking forward to electronic health records."

Physician, paper-based clinic

"Paper records are inherently hard to secure and safeguard; if the building burned down, the records would be gone.

"The ease of access of data [is important]. I want to find an earlier Pap smear or mammogram, I don't have to thumb through two years of paper; I can hopefully just click to it. So it'll save time. It will be remotely accessible, so that if I get a call at home about a patient and I need to check the file, I can get it from home or the hospital.

"You can build in decision support, like drug interactions and allergy alerts, etc. And, especially for chronic disease management, you can put in reminders about when certain items are due."

Physician, EMR-based clinic

"I think that we wanted to switch over to computers just because, with our charts, information was being missed. And they just weren't complete enough. This way, it's in your face, and you can say, 'Okay, this referral is outstanding. I wonder what's happened.' And then make the appropriate phone calls.

"I think I want to do it just to make it better. With our old system, I know we had a couple of episodes with incomplete patient information — some stuff had been lost or misfiled. We need better accountability and better tracking. But a lot of it was just us wanting something better, something new, instead of dealing with this old stuff."

Physician, EMR-based clinic

What have you learned about implementing an EMR?

"We debated before we started: should we get somebody to transcribe everything into the charts? There was no way we could do that. It just wouldn't work. I felt that we should start seeing people and get the visit into the chart as we went along. If we saw a patient for the first time, at least we would get allergies, for example, put into the record — an up-to-

date note from the patient, what medications they are taking, and get started with that.

"This way, it's in your face, and you can say, 'Okay, this referral is outstanding. I wonder what's happened.' "

"When you have time with them again, get their past history of surgery, family history, obstetrical history added as we go along. I also suggested that when we refer somebody to a specialist, we do the complete history, because then your referral letter is nothing.

"I thought it was best to keep it simple, to get everybody doing the basic things first, things that count for the government to get funding, and also to get used to the system and introduce little things one at a time."

Physician, EMR-based clinic

"You need to find the system that works for you and develop it. There are certain aspects of the care that you provide to the patient — certain aspects of history-taking, etc. — that obviously need the patient there, and certain information can be entered into the computer, but other aspects can be deferred until a later time. I found on my first day with(the EMR), I was trying to do everything at once. I felt that it was taking away from the interaction with the patient and the direct communication that you have with the patient. This computer was now interfering with that interaction that I had been used to for 25 years. How do you deal with that? It was just a matter of getting used to it.

"Three frustrating days, then probably another week after that — but certainly very early on — I felt quite comfortable with what it was providing and how. Then, later, a real appreciation of what it could do and what it meant in terms of care for the patients."

Physician, EMR-based clinic

"The allergist came up about three or four weeks ago, and we hadn't thought to tell him that we were on the system, on a computer. He asked if next time he comes up if he could possibly have access, just to see the patient's other medical problems. I hadn't thought of that, but it's doable, and that's what we'll do for the specialist... . So you learn as you go along."

Physician, EMR-based clinic

"I think that this has been very successful for us, and maybe it's because we only have three physicians. I had my concerns in the beginning about the front office staff being able to adapt to it and, for me, it's something new. But it's just really gone smoothly. There are problems as we go along, and we would not have been able to do this without our technical support person.

"I didn't realize how much we would need her. I thought, 'Oh, you just have to hook up everything and everything will be smooth.' But, everything is smooth for us now only because she's been dealing with the glitches behind the scenes.

"Everyone's found their niche and has become an expert in their own area. I was actually very surprised to see how quickly staff picked it up, too. We've proved that an older group can have success."

Physician, EMR-based clinic

"Compared to other stories, I think it has been a smooth transition. One of the reasons was it's a small office. The clerical staff were used to doing things a certain way and approached [the EMR system] with a bit of apprehension, but I think the doctors wanted it and there wasn't dissension there. We jumped in and muddled through the first bit. There were some glitches to begin with, but we are a small group and committed. I still think if you try to do a little bit at a time, you never get out of the old system. It's better to jump in and learn to swim when you're in the pool."

Physician, EMR-based clinic

How has the EMR improved patient care?

"It makes a difference, you know. Trying to find out who you saw in the emergency room —... you can't find anything in the chart. Someone wrote a note but accidentally sent it to the hospital. That doesn't happen anymore. Physicians in the emergency room get a patient coming in with a complete medical history of all their drugs, operations, everything. It's super. The person it's best for is the patient."

Physician, EMR-based clinic

"Well, compared to the past, I think the EMR has forced us to document medications and history better. It improves the ease of prescribing medications and noting changes. I no longer want to hand write a prescription. I just want to click on it. I'm better at making sure that it gets into the EMR if there has been a change in the person's medications. And there are fewer calls from pharmacies to confirm prescriptions.

"Patients used to ask, 'When did I last have a mammogram?' If they've got a big chart like this, there goes a whole 10-minute appointment searching. Now we can access when things were done — tests, etc. — much easier, and that's reassuring for the patient. I think that's important."

Physician, EMR-based clinic

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