The EMR Is Trying To Serve Too Many Masters

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The electronic medical record (EMR) is here to stay. Its adoption was initially slow, but over the past decade those hospitals that do not already have it are making plans for implementing it. On the whole this is a good thing because the EMR has the ability greatly to improve patient care. Physicians, as well as all other caregivers, no longer have to puzzle over too often barely legible handwritten notes or flip through pages and pages of a patient's paper chart to find important things. With the EMR, it is easy to see what medications a patient is taking, when they were started, and when they were stopped. Physicians can easily find key vital signs – temperature, pulse, respirations, and blood pressure – plotted over any time frame they wish. All the past laboratory data are displayed succinctly. But it is not all gravy.

I use the EMR every day, and I am old enough to have trained and practiced when everything was on paper. The EMR is overall a good thing. Yet there is a problem with the EMR: it is trying to serve too many masters. The needs of these various masters are different, and their needs are sometimes incompatible, even hostile to one another. These masters include other caregivers, the agencies paying for the care, and those interested in medico-legal aspects of care. What can happen, and I have seen it many times, is that the needs of the caregivers take a back seat to the needs of the payers and the lawyers. The EMR is supposed to improve patient care, but sometimes it makes it worse. Physician progress notes are an important example of how this can happen.

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