Understanding & Managing

HEALTHCARE TECHNOLOGY

EHRs in the Examining Room: The 'Buck' STARTS Here

The push for the use of electronic health records in medical practices generally includes a push for data entry at the point of contact. In other words, it calls for placing computers in the examining room and entering data during actual medical interviews – a practice that has been adopted in many settings. When you think about it, this is where it all begins (assuming patients see physicians before going to hospitals). This is where the 'buck' starts.

As indicated in the article on page 5, the hope is that by addressing the drawbacks of EHRs, their full potential for improving safety, quality of care and reducing costs could be realized. One possible drawback is that computers in the examining room may have a negative effect on the clinician-patient relationship and communication, both of which can be crucial to healthcare outcomes.

Will the use of computers for data entry during the medical interview serve as barriers to communication? Will this interfere with clinician-patient relationships, which are facilitated by things like eye contact, body language and other non-verbal forms of communication as well as by verbal communication? What steps can be taken to see that they don't interfere? These questions have been at the center of a number of studies as well as various essays regarding personal perspectives. With respect to the latter, one physician reports that even though he tried different placements of his computer in order to facilitate eye contact with his patients, he still looked at the computer more than at his patients.[1] He also bemoans the fact that using computer checklists for attending to health issues such as alcohol, tobacco and drug use, makes his explorations in these areas more "routinized." And while he maintains that the move to computers in "undeniably favorable," he feels as though his "interaction with patients has become a bit less personal."

On the other hand, a patient blogger states that he (or she) feels no difference in attention because of the computer and, furthermore, likes that they enable the doctor to answer questions by locating and printing out relevant information right then and there.[2] Indeed, a large study by Kaiser Permanente found that computers in examining rooms did not change patients' satisfaction with doctor visits one way or the other.[3] Based on previous studies, they attribute this to physicians' behavioral skills – findings supported by an independent study which found that physician experience may account for differences in patients' feelings regarding the personal connections made with their physicians.[4]

If true, successful communications and interactions may largely boil down to clinicians' behavior during the encounter. In other words, just as it always has, how clinicians act with and toward their patients has a great influence on communication and satisfaction – computer or not. The difference with the use of the computer, however, is that clinicians now have additional, computer-related tasks to accomplish during the clinical encounter.[5] How well they accomplish this, without sacrificing a personal connection, may likely make the difference between patient satisfaction and dissatisfaction; between good and bad communication.

How, then, should physicians and other clinicians proceed during clinical encounters? The first thing to do, it would seem, is to become comfortable with the necessary computer tasks. Another, as does one physician, might be to acknowledge the problem of needing to turn away and to make every effort to face the patient when possible.[6] One might also follow the five recommendations arising from an earlier Kaiser Permanente study: to LEVEL. (The report's detailed advice can be found at http://xnet.kp.org/permanente/fall04/examroom.pdf) In short, LEVEL means:

- Let the patient look on,
- Eye contact with the patient,
- Value the computer as a tool,
- Explain what you are doing, and
- Log off and say you are doing so.□

[1] Visit http://blog.therecruiter.com/2007/09/computers-in-examining-room.html for "Eyes shift from patient to keyboard," by Dr. Michael Hochman.
[2] See Note 1, "Computers in the examining room…"
[3] See "Implementing the Electronic Medical Record in the Exam Room: The Effect on Physician-Patient Communication and Patient Satisfaction," at http://xnet.kp.org/permanentejournal/spring07/implementing.html
[4] See "Computers in the Exam Room: Differences in Physician-Patient Interaction May Be Due to Physician Experience," *Journal of General Internal Medicine* at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1824776
[5] See Note 3
[6] See Note 1

Notes on *Biomedical Engineering for Global Health* By Rebecca Richards-Kortum

Cambridge University Press ISBN 978-0-521-87797-8

This is a textbook primarily, but not exclusively for bioengineering students. We take note of it here because we are all students, still; because it clarifies the nature of medical technologies, the product of bioengineering; and because it looks at the big picture – something we would all do well to consider. That big picture, in the end, is how bioengineering can be used to ameliorate health conditions on a global basis and, in the process of doing so, consider the not unrelated economic, political, social and ethical influences on, and outcomes of, their use.

Using three case studies throughout, the book seeks to identify: 1) the major health problems throughout the world and note how they differ from one area to the other; 2) who pays for health problem solving and how this varies worldwide; 3) how technology can solve world health problems; and 4) how new technologies move from the lab to the bedside. End of chapter exercises provide readers with actual biomedical data for scientific and social analyses. This highly readable book not only helps us to think about the big picture, but also to think about how we do it and can fit in it.□

CONTINUING EDUCATION WEBINARS

The Healthcare Communication Project is pleased to offer continuing education online webinars in February and March of this year. A description of each as well as time date, registration and other relevant information is provided below. The fee for individual registrants is $25. Please note the availability of such programs for healthcare institutions interested in arranging for such presentations to their staff. Please address inquiries regarding topics and fees for group presentations to info@healthcp.org.

Webinar 1 – Building Cultural Competency

This webinar program will:

- Review broadened definitions of cultural groups;
- Identify barriers to cultural competency;
- Help participants identify assumptions that influence their own interactions with patients/clients (review of DMIS continuum);
- Identify useful tools for when no interpreters are available;
- Identify techniques for communicating through interpreters;
- Address issues of communication, in general; and
- Review resources for building cultural competency.

Tuesday, February 23, 2010 (3pm – 4:30pm)
Register online at:
www.nycharities.org/events/EventLevels.aspx?ETID=1036
OR
Weds. March 10, 2010 (2pm – 3:30pm)
Register online at:
www.nycharities.org/events/EventLevels.aspx?ETID=1037

Webinar 2 – Clinical Ethics: Applying Theory to Practice When Working With Difficult Patients

This webinar program will:

- Examine the underlying ethical principles that guide today's interactions with patients/clients;
- Look at how they may be applied by clinicians when working with difficult patients/clients and their families; and
- Review steps for building cooperation

Weds. February 24, 2010 (3pm – 4:15pm)
Register online at:
www.nycharities.org/events/EventLevels.aspx?ETID=1038
OR
Thursday, March 11, 2010 (2pm – 3:15pm)
Register online at:
www.nycharities.org/events/EventLevels.aspx?ETID=1039

Webinar 3 – Health Literacy: Helping Patients/Clients Understand Health Information and Instruction

More than 90 million people in America have poor literacy skills. Helping them understand health information and instructions is a major challenge for health and human service professionals. Topics covered in this webinar program include:

- How to assess literacy skills;
- How to identify and use plain language;
- How to encourage patients/clients to ask questions when they don't understand;
- How to assess their understanding of instructions; and
- Resources for both patients and professionals

Monday, March 22, 2010 (3pm – 4:15pm)
Register online at:
www.nycharities.org/events/EventLevel.aspx?ETID=1042

PROGRAM PRESENTER,
Judith Greenfield, PhD, RN

Since the founding of the Healthcare Communication Project, Judith Greenfield has been writing and editing the *Healthcare Communication Review*. During this time she has also been developing and presenting educational programs for both the lay and professional communities. For this work, she draws on her past experience as a beside nurse, a health educator, Executive Director of the Hospice Association of Ulster County, and a teacher of biomedical ethics at both SUNY New Paltz and the New School University's Graduate School of Management. Perhaps more importantly, she draws on her own experience as a patient and a patient advocate.