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Blumenthal: Electronic health records, despite flaws, make doctors better

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By Chelsea Conaboy, *Globe* Staff



When Dr. David Blumenthal was appointed in 2009 by the Obama administration to coordinate national efforts to promote electronic health records, his wife thought it was “a huge failure of vetting,” he told an audience at a Schwartz Center for Compassionate Healthcare event last night. She manages their home computers. And he had not grown up as someone naturally interested in information technology.

Blumenthal, who left his federal role earlier this year and is a Harvard Medical School professor of health care policy, said that as he learned to use the electronic systems as a primary care physician at Massachusetts General Hospital in the early 2000s, he became a believer. Quite simply, he said, the electronic records made him a better doctor.

As Blumenthal faced tough questions and comments last night from providers concerned that the new systems were eating up their time, creating obstacles to patient-doctor relationships, and potentially raising new liabilities, he returned repeatedly to this point.

“There is no better, no more important (medical) competency than the ability to manage information,” he said. Health records, for all their flaws, provide doctors and other providers with powerful new tools for doing that, he said:

(The record system) was making me aware, maybe not of every single test result, but of the test results that were in the computer and that I could access. It meant that I knew the results of my patients’ -- at least I could know the results of my patients’ mammograms when they came to see me and when they called about them. They weren’t trapped off in the radiology area or in the record room somewhere. They were in the computer.

It meant that I knew, at least within the Partners Health System, the medications that my patients had been started on by other physicians and by referring physicians. And it meant that I had access to their immunization records. It meant that I could answer their questions. What was the result of that biopsy of that mole that was done in dermatology? . . . I was better able to manage the care and coordinate the care and respond to their needs.

If there is such a thing as personalized medicine, it is about knowing about your patients and being able to adapt the information about patients to their particular requests and wishes.

As a matter of fact, information is really the lifeblood of medicine. We are only as good at treating our patients and in relating to our patients as what we know about them. And information technology is destined to be the circulatory system of that lifeblood in the 21st century.

Blumenthal recounted instances in which the electronic system had saved him from prescribing a medication to which a patient was allergic or ordering a repeat radiology exam.

“It suddenly occurred to me that, putting the health policy hat on, that if that kind of change could be replicated thousands, tens of thousands, millions of times throughout the health care system, that we could bend the quality curve up and the cost curve down,” Blumenthal said. “We could do it just by making doctors better doctors.”

But do electronic records make doctors better at what they do? What about those who are so overwhelmed with learning the system that they get hundreds of record entries behind? What happens to quality of care when errors in the record are repeated throughout the electronic version? And how are doctors supposed to develop relationships with their patients when they are focused on a computer screen in the exam room?

Dr. Gerard Coste of Cambridge Health Alliance, and primary care physician and infectious disease specialist, said he sees the benefit of having lots of patient information at his fingertips. But he said, the new system limits the time he can spend really listening to his patients.

“The computer is really like that third person in the room,” and a 2-year-old, at that, he said. “It’s hard to manage.”

While learning a new records system is difficult and time consuming, Blumenthal said, many of the problems physicians face in adjusting to them are inherent in the health care system.

The issue of doctors falling behind in record keeping and even getting disciplined for it has been a problem with the paper system, too. Ditto for the perpetuation of errors in the record, he said.

Creating good electronic records does take up providers’ time, he said. And under the traditional health care system, in which hospitals and doctors are paid for each service they provide, they have no financial incentive to make room in their schedule to spend that extra time.

That’s one reason why the success of electronic health records depends on the success of efforts to overhaul the health care system and create one in which providers are paid to keep their patients healthy. Then, Blumenthal said, taking the time to complete a patient’s record -- one that may help a doctor avoid that costly repeat test or prevent a hospitalization due to an allergic reaction -- will be worthwhile financially, too.

Blumenthal urged patience with the technology. The systems are evolving, along with provider needs, he said. While the early versions were designed as electronic models of the paper records, the newer ones are adapting more to physician workflow, he said.

“The current crop of products is not the crop we will have in five years,” he said. “However, we will be just as unhappy with the crop we have in five years because our imaginations will soar ahead of reality.”

Chelsea Conaboy can be reached at cconaboy@boston.com. Follow her on Twitter @cconaboy.

9/21/11 boston.com: http://www.boston.com/Boston/whitecoatnotes/2011/09/blumenthal-electronic-health-records-despite-flaws-make-doctors-better/kdvuYnvMjntRqt6zF0G2O/index.html?p1=Well_MostPop_Emailed2_HP