

Physicians need to take back the medical profession from EHRs

I believe that it is high time that medical doctors (not “providers”) rise up and regain our rightful and long-lost place at the top of the medical hierarchy. How in the world did this happen in the first place? How did we become second-class citizens, led around by the nose and pushed around by those with half of our education, intelligence, and dedication?

In most cases, administrators with a four-year-degree can fire a doctor with 11 to 15 years of training. But how many times has anyone heard of a doctor firing an administrator?

Almost none of the “innovations” happening in medicine these days come from doctors, they all come from bureaucrats and non-physician managers. They all come from outsiders who now know best. Doctors have become whipped dogs waiting passively for the next group of bureaucrats to rain down the next mumbo-jumbo solution from on high.

There now is a huge emphasis on measuring the “quality” of medical care and to improve “outcomes.” I believe it is impossible to judge the quality of medical care by looking only at discreet, retrievable data points generated by an EHR. Quality happens behind the closed door of the exam room and can only be judged by another physician. Bureaucrats and admins are clueless to the true nature of quality care.

Quality starts with a relaxed, unhurried atmosphere where the doctor asks the patient about their concerns, takes

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a thorough history and performs an adequate physical exam. He then uses his experience and vast knowledge of anatomy, biochemistry, physiology, and pathophysiology and interprets appropriate studies to arrive at the correct diagnosis. He then must decide on the best medications, treatments, and follow-up plans. If done correctly, this all takes a good deal of time, much of which has now been stolen from us by the data-entry, box-clicking, and typing demands of the EHR.

The process of quality is highly complex, dynamic, and interactive and cannot be captured by clicking boxes and templates in an EHR. With the loss of the dictated and transcribed “SOAP” note, our once sacred clinical

records have been converted into a billing invoice / data mine with severe degradation of quality and usability. The “assessment” and “plan” sections were the doctor’s opportunity to show the world that he knew what he was doing. They allowed for discussion of the differential diagnosis, thought processes, and the clinical synthesis required to arrive at an accurate diagnosis and formulate a reasonable plan.

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All ability to assess quality has now been lost, turning us into box-clicking and typing bots. With the current EHR, it is possible to completely misdiagnose a patient, order completely inappropriate studies, misinterpret them, and order all the wrong drugs.

As long as all the right boxes are clicked, the system will give the encounter high quality marks. Maybe we should have a box to click that says, “delivered care with compassion and respect.” ■

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SOCIAL MEDIA

In response to: “A new study says that physicians are leaving the profession over EHRs:”

No surprise here. None of us signed up to be data entry clerks / ward secretaries... #fixit

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