

Doctors Are Talking: EHRs Destroy the Patient Encounter

Neil Chesanow | May 22, 2014

There's no doubt that electronic health records (EHRs) spark strong emotions in doctors -- and many of those emotions are negative.

The gripes cover three main areas: One, EHRs have made the patient encounter far more annoying and complex than it ever was before.

Two, many physicians feel that EHRs take doctors who were trained to be independent thinkers and constrain their ability to make independent decisions, causing them to feel like data entry clerks, with a computer telling them how to practice medicine.

Last but not least, a large number of physicians feel that EHRs erode the doctor-patient relationship by creating a barrier between the two.

Three recent Medscape articles on EHRs are cases in point. Collectively they generated nearly 700 comments, many emotionally charged, from physicians and other providers. For a glimpse at what the fuss is about, read on.

Hate Dealing With Your EHR? Use a Scribe and Profits Increase

One might think that an article on medical scribes would be embraced by those disenchanted with EHRs, because scribes free the doctor from having to deal with the EHR, making it possible to maintain eye contact when interacting with the patient. Moreover, [this article](#) pointed out that scribes can be cost-effective, and it laid out the math.

But many doctors didn't buy it -- especially the cost-effective part.

"So the solution to the inanity that is an EHR is to hire yet another person and hope you generate enough extra income to pay for it?" one doctor asked. This was the most common type of comment.

"This (having to hire a scribe) is a practice that makes my blood boil," another physician wrote. "I'm just not buying it. One more unnecessary person to infringe on the patient's privacy."

"Seems that no matter what, the provider gets the short end of the stick," a doctor observed. "As it turns out, we have to hire a person to deal with the already expensive EHR. At the end of the day, we are still worse off than before we had the EHR forced on us."

"So adding another \$25,000/year employee on top of the \$80,000 for the EHR is the 'happy' solution?" a doctor asked. "I am not the government with unlimited money."

And one doctor declared, "I am revolting and staying with paper" -- a sentiment that several readers shared.

However, many doctors offered comments that were based on personal experience, and the tenor of those comments was quite different.

"Interesting to read most of the comments, predominately from people who do not have a scribe now or ever really looked into it," observed one doctor. "I have no interest in changing minds. But I have a scribe, and I added three patients per

half-day in the first month, and more importantly, walk out of my clinic finished on time, without more charts to do. I really do have my family back."

"The best consult reports I have seen are from dermatology, where they use a scribe," another physician allowed. "None of the doctors leave any fingerprints on the computer; they spend time with the patient. The scribe being in the room is no different than any ancillary person who accompanies the physician during, say, a GYN exam."

The biggest employers of scribes today are hospital emergency departments. "In the ED, scribes are a godsend," commented an emergency physician. "After a break-in period, they have turned into an integral part of the team. We're not back to the 'good ol' days' of 2-minute documentation, but we're close."

Another doctor was even more impassioned in his support for scribes. "I have been using scribes for 5+ years," he wrote. "I would rather retire than work without them."

"I know several physicians who have begun using scribes, and they are quite satisfied," a physician remarked. "They have no difficulty generating the revenue to pay the relatively low hourly rate of a scribe. Additionally, they don't have to look at their computers anymore and can actually make eye contact with their patients. I have been considering a scribe myself and may go ahead with it now."

Would a Scribe Repair or Destroy the Doctor-Patient Bond?

Medical ethicist Art Caplan, PhD, recently taped a [video](#) arguing that medical scribes were more likely to ruin rather than improve the doctor-patient relationship. "If we want to make electronic medical records work, do we have to introduce a third party, a scribe, to arbitrate patients' complaints about what the electronic medical record is doing to their relationship with their doctor?" he asked.

He then answered his own question: "You have got to be kidding me."

This negative assessment of scribes generated a tsunami of comments, and this time, more doctors championed scribes than dissed them.

"Sorry, but this clearly misses the point of having a scribe," a dermatologist countered. "If it doesn't take an MD to do something (like entering data into an EHR), we shouldn't be doing it. In dermatology, using scribes has significantly improved the quality of our notes (and the number of patients we can see)."

"I saw an orthopedist last month," a psychiatrist recalled, commenting on the idea that a scribe in the exam room would be an intrusive presence. "A scribe was with him. I didn't even notice."

"I disagree!" another physician declared. "I use scribes in my office. This frees me and allows me to engage my patients in direct and meaningful ways. Scribes are a valuable part of my healthcare team."

An emergency physician put it like this: "Data entry is not the best use of the clinician's time. Until EHR technology evolves into an elegant and efficient tool, scribes are the best answer."

"My doctor does the same thing: head buried in the computer, no direct eye contact or even physical contact," an ophthalmologist stated, and then proclaimed, "Bring on the scribes!"

But other respondents agreed with Caplan that scribes are not a welcome development.

A large contingent, for example, felt that scribes were merely Band-Aids® for a broken healthcare system. "The issue is simple," a psychiatrist explained in a typical comment. "Obamacare needs to be repealed, and then doctors can document in the way that's best for their patients and the situation."

Several doctors questioned the ability of scribes to accurately enter information into an EHR. "A scribe would indeed further destroy the doctor-patient relationship by putting a virtually untrained, unlicensed person in charge of the key transfer of medical information between doctor and patient," one physician maintained.

The scribe as an intrusive presence in the exam room was mentioned by several commenters. "As a health professional and a patient, I know patients are reticent to share personal but important information with their PCP because of the presence of a scribe," one provider observed. "Undoubtedly this harms the doctor-patient relationship and could hinder a diagnosis."

"I certainly don't want a scribe in the room, regardless of their training," an advanced practice nurse agreed. "Some things are hard to talk about. Another person in the room, a stranger who you don't have any trust in? No, keep them out of the exam room."

Another provider deemed scribes to be superfluous. "There is no reason why the medical note needs to be written during the patient-physician encounter," he asserted. "The main purpose of the EHR is to replace the illegible, incoherent, handwritten paper note. A few handwritten reminders jotted down on paper during the history and physical should be sufficient to jog the memory of the physician when typing the note into the EHR after the visit. Hence," he concluded, "no reason for a scribe!"

EHR Rankings Hint at Physician Revolt

KLAS, a national firm that measures EHR vendor performance, conducts an annual poll of healthcare providers, not only about the quality of their EHRs but also about make-or-break issues such as training, implementation, and support.

In this year's ranking, an EHR that doesn't depend on a lot of mouse-clicking won top honors. Were physicians who use EHRs delighted by this news? Far from it. For most commenters, [the article](#) served as a springboard for expressing their disdain for EHRs. "Dumbstruck," "upset," "junk," "garbage," "phony," "depressed," "disheartened," and "a nightmare" were just a sampling of the negative terms used.

"The whole point of electronic medical records is to allow the payers (insurance companies, not patients) to monitor, critique, and penalize us for our work," a doctor contended. "It is not and has never been for the benefit of patients or to improve patient care."

"I've been doing this for almost 20 years," a pediatrician wrote. "In all that time, I've never seen more than a small handful of children who would have, in any way, truly benefited from my having an EHR system."

"The EHR is designed by nonphysicians and pushed on us," another doctor insisted. "The problem is that nobody has the fortitude to just defy expectations. We all just sit dumbstruck and upset. Nothing changes."

"You should see the 5-page garbage I get from other MDs' EHRs when I request patient records," a doctor fumed. "They are nothing but electronic copy-and-paste junk and add nothing to patient care."

A hospital administrator had the temerity to suggest that doctors had brought their EHR woes on themselves. "Remember, this is in response to the lack of legible, accurate, timely information you 'doctors' have failed at for many, many years," she observed. That remark brought a rain of hail from physicians.

"You can stick it where the sun don't shine," a urologist suggested. "The entire purpose of the medical record is not for the lawyers, insurance companies, or you hospital suits, but rather to serve as a means of recollection of a patient encounter for the treating physician. The government, legal profession, health insurance industry, and two-faced, phony hospital administrators have reduced a once-noble profession to a group of depressed, disheartened, frustrated, overworked, overburdened, and underused data input clerks."

One physician cited a popular cloud-based system as an example of an EHR done right. "It is quite user-friendly, being infinitely modifiable on the fly, without one having to be a software engineer to accomplish what you need," he said, adding, "Their support is second to none, with very rapid turnaround time."

To which another doctor, who used the same EHR, had this to say: "Our large practice found it to be a nightmare! Two-thousand clicks, cumbersome, non-intuitive, time-consuming, and very difficult to use. Would not recommend it."

But despite the negative comments, one doctor, miraculously, managed to end his thought on a cheerful note: "The system I use is better," he wrote. "I've increased productivity. I'm making more money. I even have time," he added slyly, "to comment on articles like this."

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