The Electronic Health Record: Treating Our Fellow Creature as Corn and Coal

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Wake Forest School of Medicine

June 26, 2015

FIRST OF ALL…

It seemed to be a good idea.

The American Reinvestment & Recovery Act enacted on February 17, 2009

the meaningful use of an interoperable electronic health records system

[a critical national goal]

THE IDEA WAS GOOD, BUT…

The execution was poor.

ASSUMPTIONS A PATIENT MIGHT MAKE

YOUR HISTORY IS YOUR PERSONAL STORY, A UNIQUE NARRATIVE

ASSUMPTIONS A PATIENT MIGHT MAKE

YOUR PHYSICIAN WILL BE FULLY ATTENTIVE TO HEARING AND UNDERSTANDING YOUR STORY

- Details
- Chronology
- Nonverbal cues

ASSUMPTIONS A PATIENT MIGHT MAKE

YOUR EXAMINATION WILL BE INDIVIDUALIZED

ASSUMPTIONS A PATIENT MIGHT MAKE

YOUR CARE WILL BE INDIVIDUALIZED

A PROBLEM:

Financial incentives were offered for early adopters.

A PROBLEM:

Homogeneity became the goal.

CORRUPTION OF PURPOSES

Check-box mentality followed.

HPI Headache

HPI: Headache

CONCERN: headache

Onset: 3 Week(s) ago | Duration: 3 Hour(s) | Severity: moderate | Status: improved / no change / worse / resolved

CL 1 2 3 4 5 6 7 8 9 0 .

Min(s) Hr(s) Day(s) Wk(s) Mo(s) Yr(s)

CL 1 2 3 4 5 6 7 8 9 10

Frequency: intermittent / constant / daily / weekly / monthly

Location

- [ ] entire head
- [ ] frontal left
- [ ] ocular left
- [ ] parietal left
- [ ] temporal left
- [ ] occipital
- [x] frontal right
- [ ] ocular right
- [ ] parietal right
- [ ] temporal right
- [ ] vertex

Other

Radiation

- [ ] no
- [ ] anterior
- [ ] posterior
- [x] neck
- [ ] shoulders
- [ ] upper thorax

Other

Quality

- [ ] blinding
- [ ] debilitating
- [ ] dull
- [ ] lancinating
- [ ] pressure
- [x] sharp
- [x] squeezing
- [ ] stabbing
- [ ] superficial
- [ ] throbbing
- [ ] worst ever

Other

Timing

- [ ] daytime
- [ ] menstrual periods
- [ ] upon awakening
- [ ] weekday
- [ ] weekend

Other

Aggravated by

- [ ] nothing
- [ ] allergies
- [ ] anxiety
- [x] bright lights
- [ ] caffeine
- [ ] exercise
- [ ] head position
- [ ] foods
- [ ] noise
- [x] stress
- [ ] valsalva
- [ ] weather

Other

Relieved by

- [ ] nothing
- [ ] analgesics
- [ ] bath
- [x] dark
- [ ] decongestants
- [ ] distraction
- [ ] heat
- [ ] ice
- [ ] massage
- [ ] OTC meds
- [ ] position
- [ ] prescription drugs
- [ ] relaxation
- [x] sleep
- [ ] stretching

Other

Context

- [ ] recent head trauma
- [ ] recent MVA

Other

Associated Symptoms / Pertinent Negatives

Yes	No		Yes	No		Yes	No		Yes	No	
[x]	[ ]	blurred vision	[ ]	[ ]	hemianopsia left	[ ]	[ ]	personality change	[ ]	[ ]	URI sxs
[ ]	[ ]	clear sinus discharge	[ ]	[ ]	hemianopsia right	[ ]	[ ]	phonophobia	[ ]	[ ]	vision loss left
[ ]	[ ]	dizziness	[ ]	[ ]	LOC	[ ]	[ ]	photophobia	[ ]	[ ]	vision loss right
[ ]	[ ]	double vision	[ ]	[ ]	memory loss	[ ]	[ ]	scintillations	[ ]	[ ]	visual aura
[ ]	[ ]	family Hx migraine	[x]	[ ]	nausea	[ ]	[ ]	scotomata	[ ]	[ ]	vertigo
[ ]	[ ]	fever	[ ]	[ ]	neurological symptoms	[ ]	[ ]	stiff neck	[ ]	[ ]	vomiting
[ ]	[ ]	head trauma	[x]	[ ]	performance changes						

- [ ] No associated symptoms
- [ ] No pertinent negatives
- [ ] All others negative

Other associated symptoms

Other pertinent negatives

Comments

- [ ] childhood motion sickness
- [ ] history of migraines
- [ ] ice cream headache
- [ ] sleepwalking

OK | Cancel

CORRUPTION OF PURPOSES

- Check-box history replaces narrative
- Computer generates a pseudo-narrative

EXAMPLE:
MY PATIENT’S ER VISIT

EXAMPLE:
MY PATIENT'S ER VISIT

Abdominal Pain

The primary symptoms of the illness include

EXAMPLE:
MY PATIENT'S ER VISIT

Abdominal Pain

The primary symptoms of the illness include abdominal pain.

EXAMPLE:
MY PATIENT'S ER VISIT

Abdominal Pain

The primary symptoms of the illness include abdominal pain.

The primary symptoms of the illness do not include

EXAMPLE:
MY PATIENT'S ER VISIT

Abdominal Pain

The primary symptoms of the illness include abdominal pain.

The primary symptoms of the illness do not include fever

EXAMPLE:
MY PATIENT'S ER VISIT

Abdominal Pain

The primary symptoms of the illness include abdominal pain.

The primary symptoms of the illness do not include fever, fatigue

EXAMPLE:
MY PATIENT'S ER VISIT

Abdominal Pain

The primary symptoms of the illness include abdominal pain.

The primary symptoms of the illness do not include fever, fatigue, shortness of breath

EXAMPLE:
MY PATIENT'S ER VISIT

Abdominal Pain

The primary symptoms of the illness include abdominal pain.

The primary symptoms of the illness do not include fever, fatigue, shortness of breath, nausea

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EXAMPLE:
MY PATIENT'S ER VISIT

Abdominal Pain

The primary symptoms of the illness include abdominal pain.

The primary symptoms of the illness do not include fever, fatigue, shortness of breath, nausea, vomiting, diarrhea or dysuria.

Henry Ford would have been envious of the standardization…

EHR = DEATH OF THE PATIENT NARRATIVE & LOSS OF PATIENT INDIVIDUALITY

WHAT IS LOST IN THE ELECTRONIC HEALTH RECORD

- Who is my patient?

WHAT IS LOST IN THE ELECTRONIC HEALTH RECORD

- Who is my patient?

- What is the nature of his illness?

WHAT IS LOST IN THE ELECTRONIC HEALTH RECORD

- Who is my patient?

- What is the nature of his illness?

- How do they intersect?

WHEN WE LOSE TRACK OF THE PATIENT…

I am not kept back by the gout;

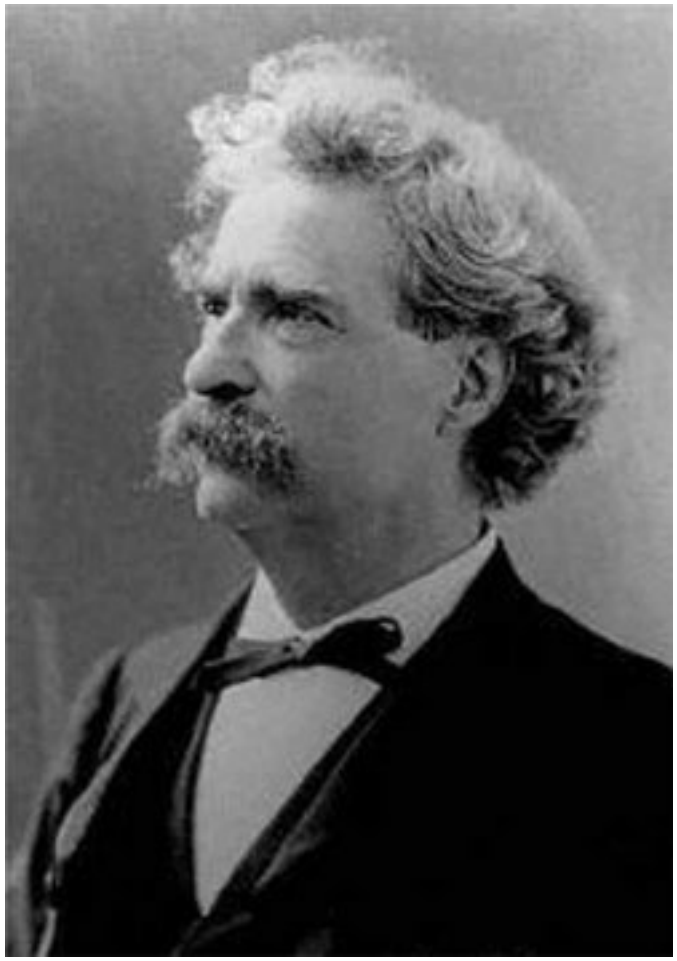
the gout is of no consequence;

the doctor says so himself;

neither is hell,

to a person who doesn't live there…

[Mark Twain, letter to H. H. Rogers, November 1894]



“It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has.”

Sir William Osler

EHR FLAWS

- Chronology is lost

EHR FLAWS

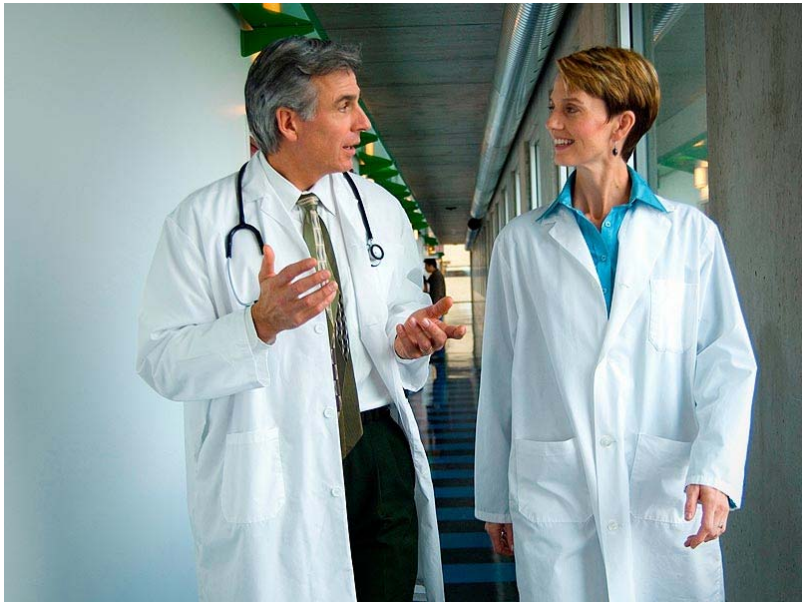
- Chronology is lost
- Context is lost

EHR FLAWS

- Chronology is lost
- Context is lost
- The patient is lost, and so is the patient's story

THE GREATEST EHR FLAW

- Communication suffers

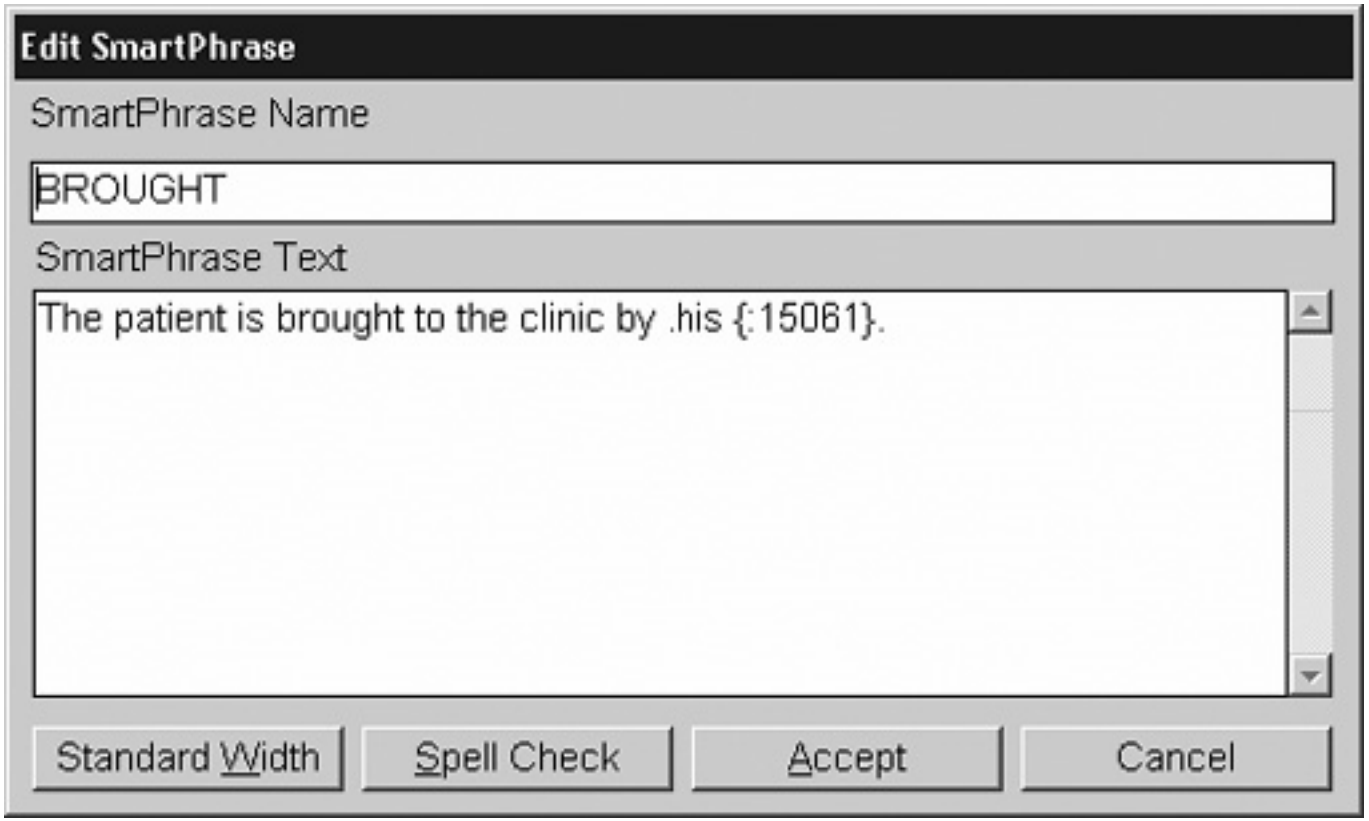


Cool Hand Luke

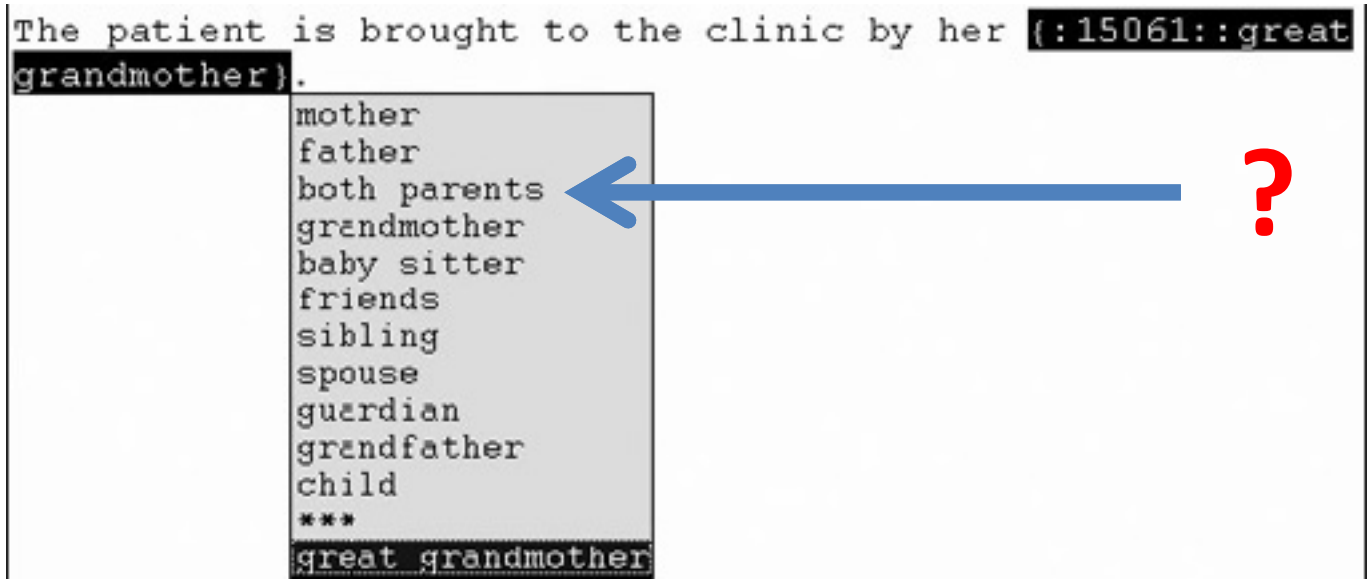
SMART PHRASES

ROUGHT

SMART PHRASES



NOT-SO-SMART PHRASES



“by her both parents”?!

NOT-SO-SMART PHRASES: BOILERPLATE THAT AIN'T ALWAYS SO

.NAILPROC =

JECTIVE: Name is a AGE SEX who presents for palliative wedge resection of an
own toenail.

ECTIVE: Patient appears well, normal vital signs. {:15607} nail reveals ingrown edge
n tenderness.

ESSMENT: ingrown toenail

N: Informed consent is obtained. Using a 50-50 mixture of 1% plain lidocaine and
% plain marcaine, a ring block was done (6 cc total). Using a tourniquet for
nostasis and sterile instruments, I freed the nail from the nailbed and removed a
lge of the nail including the ingrown portion to the level of the nail skin fold. This
well tolerated, minimal bleeding. Antibiotic ointment and a dressing are applied.
nol with Codeine #3, 1-2 tabs po q4h prn pain is given. Remove the dressing
orrow and begin frequent soaks, complete HIS antibiotics and have a follow up
in a week. Call if pain, erythema fever or bleeding. Wound care and dressing
ructions are given.

JUST PLAIN LIES…

IEW OF SYSTEMS:

IEW OF SYSTEMS SINCE LAST PHYSICAL:

N: Allergies denied, Anorexia denied, Apathy denied, Apprehension denied, Depressed
ied, Irritability denied, Restlessness denied, Fatigue denied, Lethargy denied, Malaise
ied, Polydipsia denied, Polyphagia denied, Fat Intolerance denied, Weight Gain denied,
ght Loss denied, Bleeding denied, Chills denied, Cold Intolerance denied, Heat
lerance denied, TB Exposure denied, Transfusions denied, Trauma denied, Hiccups
ied, Recent Infection denied,

ENT: Facial Pain denied, Sinus Pain denied, Jaw Pain denied, Dentalgia denied, Eye
ation denied, Vision Impairment denied, Otalgia denied, Hyperacusis denied, Tinnitus
ied, Epistaxis denied, Sneezing denied, Drooling denied, Glossodynia denied, Sore
oat denied, Dysphagia denied,

CK: Neck Pain denied, Hoarseness denied.

NGS: Cough denied, Dyspnea denied, Orthopnea denied, Hemoptysis denied,

ART: Palpitations denied, Chest Pain denied,

D: Abdomen Pain denied, Flank Pain denied, Suprapubic Pain denied, Pyrosis denied,
ctation denied, Nausea denied, Vomiting denied, Regurgitation denied, Hematemesis
ied, Diarrhea denied, Constipation denied, Obstipation denied, Hematochezia denied,
ena denied, Steatorrhea denied, Acholic Stools denied, Flatulence denied,

NT: Dysuria denied, Urine Frequency denied, Urine Hesitancy denied, Urine Urgency
ied, Urine Flow-Slow denied, Urine Retention denied, Nocturia denied, Polyuria denied,
k Urine denied, Incontinence denied, Pelvic Pain denied, Perineal Pain denied, Rectal
n denied, Tenesmus denied, Testicle Pain denied, Decreased Libido denied, Impotence

ied, Breast Pain denied,

E: Arthralgia denied, Joint Stiffness denied, Swelling denied, Back Pain denied, Hip Pain
ied, Knee Pain denied, Leg Pain denied, Heel Pain denied, Muscle Cramps denied,
algia denied,

IN: Anhidrosis denied, Bruising denied, Pruritus denied, Spider Bite denied, Arthropod
e denied, Rash denied,

"Denied" include

- Apathy
- Apprehension
- TB exposure
- Hiccups
- Dentalgia
- Sneezing
- Drooling
- Eructation
- Hemoptysis
- Flatulence
- Dark urine
- Anhidrosis
- Spider bite
- Arthropod bite
- Clumsiness
- Heel pain
- Bruising

NON-EXAM: “ABNORMALITY NOT DETECTED”

BJECTIVE:

ONSTITUTIONAL: VS-see EHR. Appear/General-Abn not detected.

YES: Conjunctiva/Lids-Abn not detected. Pupils/Irises-Abn not detected.

NMT: Lips/Teeth/Gums-Abn not detected. Oropharynx-Abn not detected.

ARS- Otoscopic-Abn not detected. Ear-Nose/Appear-Abn not detected. NOSE-
ose/Internal-Abn not detected.

ECK: Neck-Abn not detected.

ESP/ LUNGS: Lung/Auscultation-Abn not detected. Respirations-Abn not detected.

V/ HEART: Heart/Auscultation-Abn not detected.

I/ ABD: Abdomen-Mass/Tenderness-Abn not detected. Liver/Spleen-Abn not detected.
ernia-Abn not detected.

YMPH:

USK/ BJE: Edema not detected.

EURO: PSYCH: Insight/Judgement-Abn not detected.

KIN: Skin/Subcutaneous-Inspection-Abn not detected. Digits/Nails-Abn not detected.

America the Beautiful

“0h yes Memorial Day - nine months POW - courtesy of the North Koreans.
Captured on the Yalu River at 35 below zero.
Down to 95 pounds.
There was a cook book in 1962 – 17 ways to cook rat and cockroaches.”

America the Beautiful

MARCH 3, 2014

DR. OBEN - GOOD FRIEND -

ON MY VISIT TO WFBH
EMERGENCY ROOM ON 1/27/2014
I HAVE BEEN CLASSIFIED AS
A WOMAN!!

I KNOW THAT YOU WOULD BE
INTERESTED IN THIS FACT -

AND REINFORCES OUR BELIEF
THAT WCBH IS A WONDERFUL
INSTITUTION DEDICATED TO GOOD
OR SHOULD I SAY EXCELLENT
MEDICAL RECORDS. AMAZING!!
KEEP IN TOUCH.

BUD WANSLEY

America the Beautiful

MARCH 3, 2014

DR. OBER – GOOD FRIEND –

ON MY VISIT TO WFBH EMERGENCY ROOM ON 1/27/2014, I HAVE BEEN *CLASSIFIED AS A WOMAN!!*

I KNEW THAT YOU WOULD BE INTERESTED IN THIS FACT –

AND REINFORCES OUR BELIEF THAT WFBH IS A WONDERFUL INSTITUTION DEDICATED TO GOOD – OR SHOULD I SAY *EXCELLENT* – MEDICAL RECORDS.

AMAZING!!

KEEP IN TOUCH.

JEFF THOMAS

Wake Forest
Baptist Medical Center

WFBH MAIN CAMPUS
Medical Center Boulevard
Winston Salem, NC 27157-0001

MRN:
DOB: Sex: M
Adm:1/27/2014, D/C:1/27/2014

his document contains confidential information from a Wake Forest Baptist Health medical record system and may be unauthenticated. Release may e made only with a valid authorization or in accordance with applicable policies of the Medical Center or its affiliates. This document must be aintained in a secure manner or discarded/destroyed as required by Medical Center policy or by a confidential means such as shredding.

Date of Service: 01/27/2014

D Provider Notes signed by at 01/28/14 1209

Author:	MD		Emergency Medicine	Author Type:	Resident
Filed:	01/28/14 1209	Note Time:	01/27/14 1222	Note Type:	ED Provider Notes
Related Notes:	Cosigned by:				

History

Chief Complaint
Patient presents with
- Abdominal Pain

Patient is a 83 y.o. male presenting with abdominal pain. The history is provided by the patient and the spouse. No language interpreter was used.

Abdominal Pain

The primary symptoms of the illness include abdominal pain. The primary symptoms of the illness do not include fever, fatigue, shortness of breath, nausea, vomiting, diarrhea or dysuria. The current episode started more than 2 days ago (4-5 days). The onset of the illness was gradual. The problem has not changed since onset.

The abdominal pain began more than 2 days ago. The pain came on gradually. The abdominal pain has been unchanged since its onset. The abdominal pain is located in the suprapubic region. The abdominal pain does not radiate. Pain scale: moderate. The abdominal pain is relieved by nothing.

The patient states that she believes she is currently not pregnant. The patient has had a change in bowel habit. Additional symptoms associated with the illness include constipation and back pain (chronic). Symptoms associated with the illness do not include chills, anorexia, diaphoresis, urgency or hematuria. Significant associated medical issues include BHP, GERD and diabetes.

mplaint
reacts with
ominal Pain

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uage interpreter was used.

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edical History
is Date
emia
od transfusion
betes mellitus

EXAMPLE:
MY PATIENT'S ER VISIT

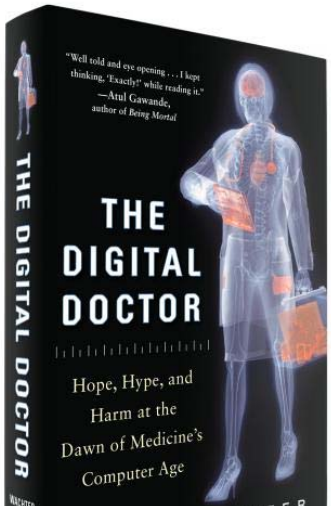
<u>minal Pain</u>

he patient states that she believes she is currently not pregnant."

hat EMRs are doing to our notes, and our brains."

Dr. Bob Wachter

hen I was on clinical service in July nd read the notes written by our erns and residents, I often had no a whether the patient was getting ter or worse, whether our plan was vas not working, whether we need ethink our whole approach or stay the course."



rt Wachter

the American Board of Internal Medicine

the Division of Hospital Medicine at the University of California, San o

A NEW ROLE FOR PHYSICIANS

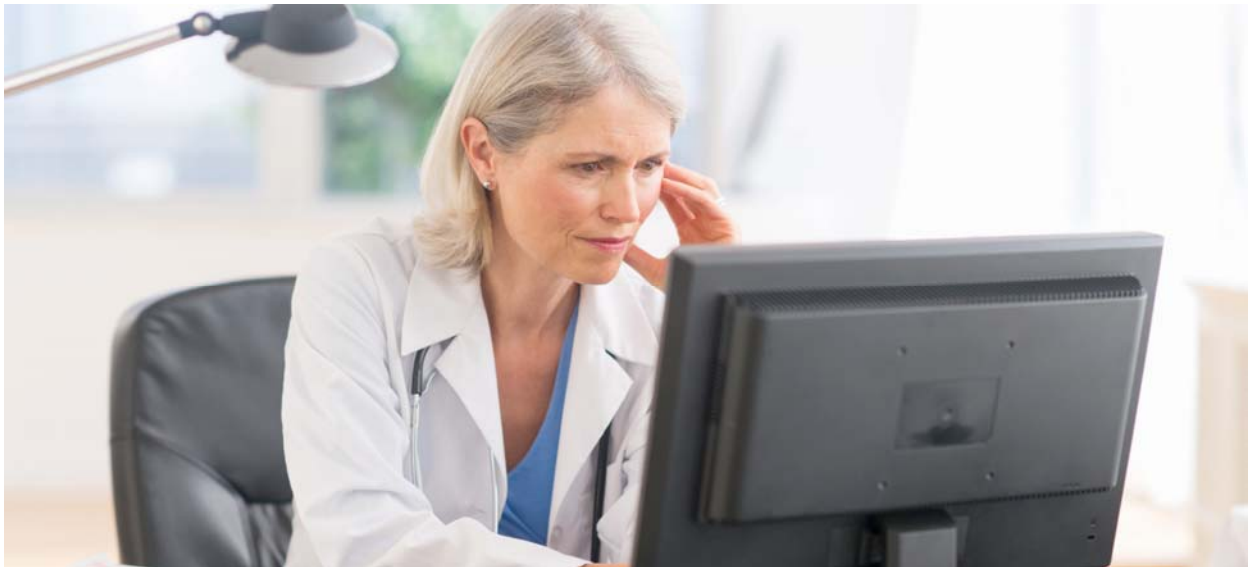
<u>Previous role</u>

The doctor *interacted* with the patient, *thought* about all of the information, *recorded* the patient's story, and *described* the next steps planned.

A NEW ROLE FOR PHYSICIANS

<u>New role</u>

The doctor *collects* the data and does the *data entry*.



LESS PATIENT INTERACTION

tudy in Baltimore in January 2012
ealed that medical interns spent

2% of their time in direct patient
are

LESS PATIENT INTERACTION

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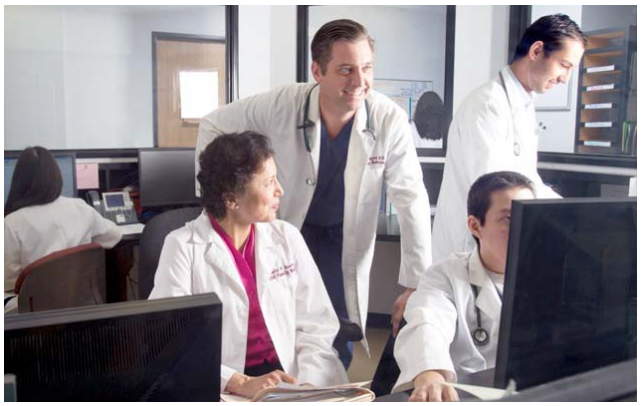
0% of their time in front of
omputers



On average, medical interns
interacted with each patient

LESS PATIENT INTERACTION

e distribution of emergency room
sicians in a community hospital:

2% reviewing records and test
esults

LESS PATIENT INTERACTION

e distribution of emergency room
sicians in a community hospital:

2% reviewing records and test
esults

8% direct patient contact

LESS PATIENT INTERACTION

e distribution of emergency room
sicians in a community hospital:

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8% direct patient contact

3% doing computer data entry [up
o 4000 clicks a shift]

LESS PATIENT INTERACTION

primary care doctor focuses his gaze on

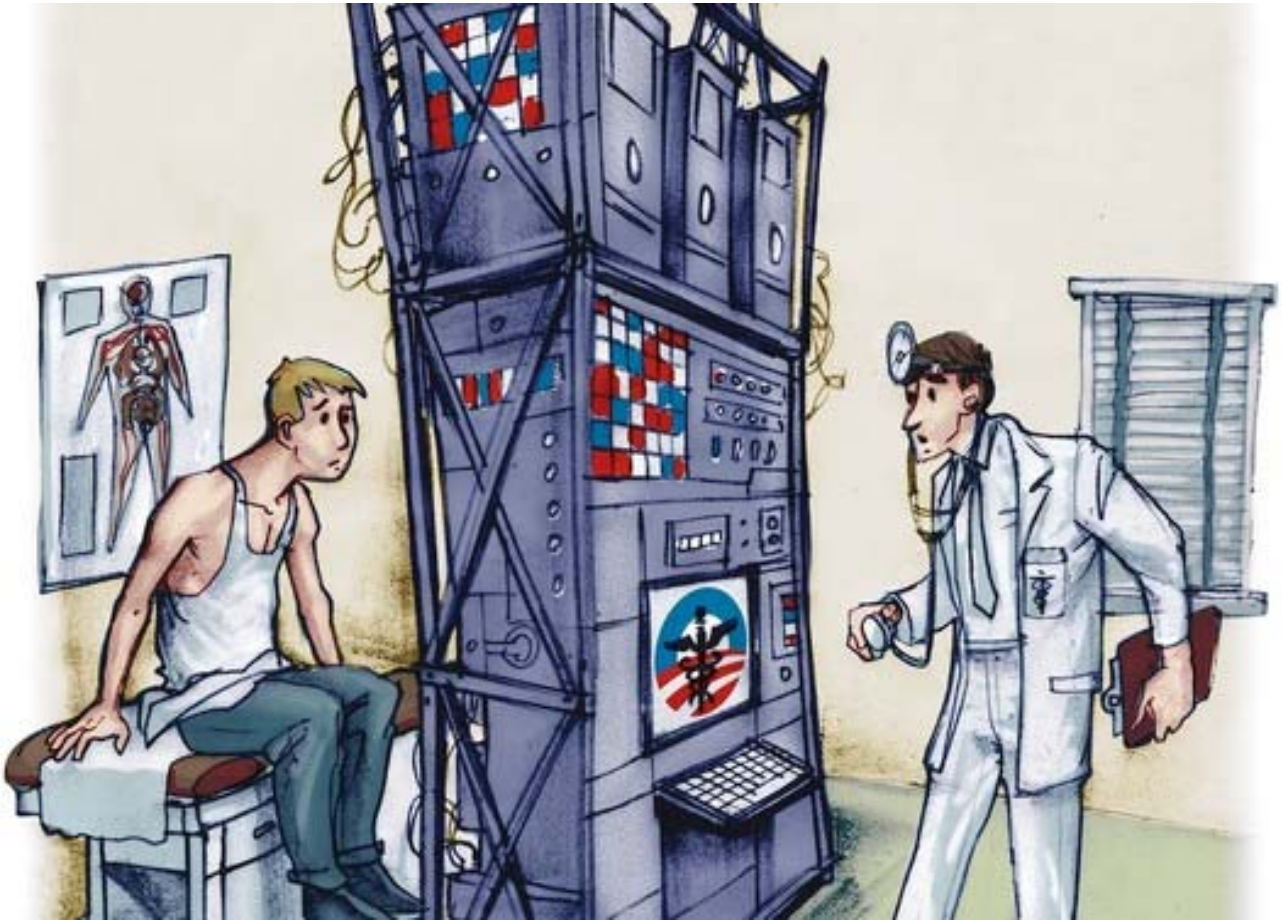
the computer screen	30.7% of the time
the patient	46.5% of the time

t. J. Med. Inform. 2014; 83: 225-234.

FROM the *WALL STREET JOURNAL,* 2014

"To save time, I was advised by a consultant to enter data into the electronic record during the office visit."

Mark Sklar, MD, assistant professor of medicine, Georgetown University
Wall Street Journal, Sept 17, 2014



eyes were focused on the keyboard and the lack of
t contact kept patients from opening up and discussing
medical and personal problems."

FROM *JAMA,* 2012

[After a visit to her doctor, a girl sent her doctor a picture she drew]

No one was more surprised than the physician himself. The drawing was unmistakable."

The Cost of Technology
Elizabeth Toll, MD
JAMA. 2012;307(23):2497-2498.

t showed the artist—a 7-year-old girl—on the
xamining table.”

Her older sister was seated nearby in a chair”

..as was her mother, cradling her baby sister.”

The doctor sat staring at the computer, his back to the patient—and everyone else.”

The physician wrote a caption for the picture:

"I wonder how much this technology will really cost?"

The Cost of Technology
Elizabeth Toll, MD
JAMA. 2012;307(23):2497-2498.

DANGEROUS TOOLS
CHECK BOX MENTALITY

amazon.com

Quantity: 1
Add to Shopping Cart
or
Buy now with 1-Click®
Ship to:
Add an address
Add gift-wrap/note

MORE BOXES CHECKED = MORE $$$

Medicare Reimbursement 2012
[established patient]

Level 2	[92212]	$ 44
Level 3	[92213]	$ 73
Level 4	[92214]	$108
Level 5	[92215]	$144

© 2003 GREG CLARKE

	99211	99212	99213	99214	99215
HISTORY					
CC	N/A	Required	Required	Required	Required
HPI	N/A	1-3 elements	1-3 elements	4+ elements (or 3+ chronic diseases)[2]	4+ elements (or 3+ chronic diseases)[2]
ROS	N/A	N/A	Pertinent	2-9 systems	10+ systems
PFSH	N/A	N/A	N/A	1 element	2 elements
EXAMINATION					
1997 documentation guidelines	N/A	1-5 elements	6-11 elements	12 or more elements	Comprehensive
1995 documentation guidelines	N/A	System of complaint	2-4 systems[2]	5-7 systems[2]	8+ systems
MEDICAL DECISION MAKING					
	N/A	Straightforward	Low	Moderate	High
TIME					
Half the total must involve counseling or coordination of care					
	5 minutes	10 minutes	15 minutes	25 minutes	40 minutes

http://www.acep.org/pearls/#top

Coding and Reimbursement Pearls

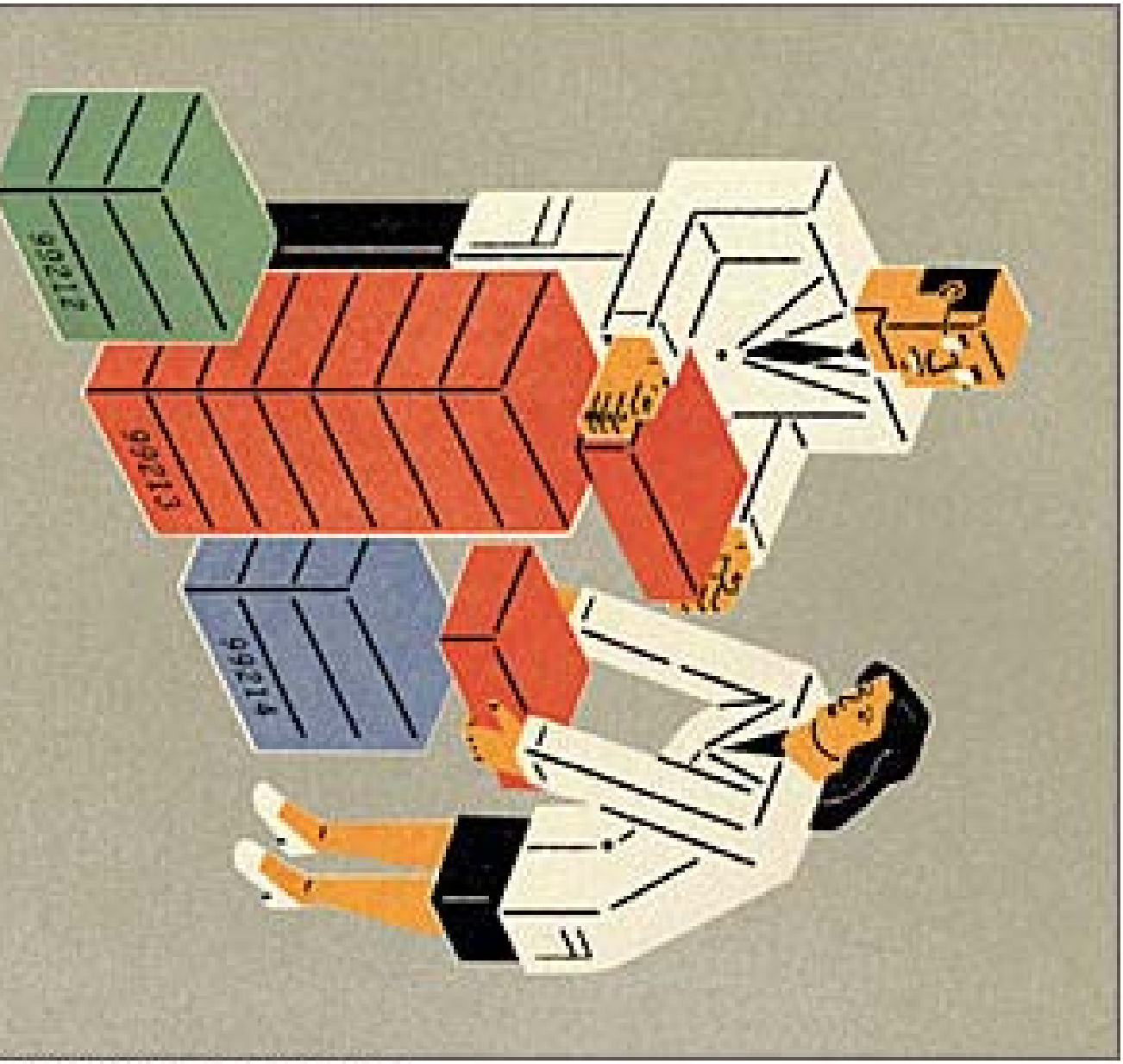
vel of Service

emember, you don't get reimbursed for what
u do, you get paid for what you document!

"How to Get All the 99214s You Deserve"

easier than you might think to get what's coming to you.

Emily Hill, PA-C



005 DAVE PLUNKERT

A BRIEF MEDICAL ETHICS QUIZ

[HYPOTHETICAL]

You have an 83-year-old man with belly pain and a check-box…

☐ Not pregnant

u are one question short of being able to bill at e next level.

ur practice manager says you spend too much me with patients and need to increase your

HE IS 83 YEARS OLD…A MAN…

- [ ] **Not pregnant**

HE IS 83 YEARS OLD…A MAN…
OH, HECK…WHY NOT?!

☒ **Not pregnant**

011 ADAM NIKLEWICZ

“The Gambler”
Kenny Rogers

never count your money

en you're sittin' at the
e

re'll be time enough for
ntin'

en the dealin's done

You Should Have Listened to Kenny Rogers

Because the Computer is Programmed to Turn Your Check Boxes into Sentences….

☒ **Not pregnant**

The patient states that she believes she is currently not pregnant."

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edical History
is Date
emia
od transfusion
betes mellitus

DISTRUST…

CAN YOU THINK OF A REASON I SHOULD EVER TRUST ANYTHING YOU PUT IN A MEDICAL RECORD?

Endocrinology Consult Note

ferring Physician:
te: **May 9, 2015**

ef Complaint/Reason for Consult: Pituitary tumor/possible hypopituitarism

: Mr ---- is a -- yo WM who was recently admitted to ------ Medical Center May 8
h headache and diplopia and ptosis, and found to have a large suprasellar mass on
By report, he had a severe decline in status yesterday with left hemiplegia,
ponsive to deep pain only, and required intubation for airway protection. Imaging
s reported to show 3 x 3.1 x 6 cm sellar lesion with suprasellar extension and
structive hydrocephalus. The lesion had findings of internal hemorrhage consistent
h apoplexy. He was transferred here, and has undergone pituitary surgery this
ening. He had hypotension intraoperatively, and was treated with hydrocortisone in
dition to pressors and dexamethasone.

Endocrinology Consult Note

ferring Physician:

te: **May 9, 2015**

ef Complaint/Reason for Consult: Pituitary tumor/possible hypopituitarism

: HPI: Mr ---- is a -- yo WM who was recently admitted to ------ Medical Center May 8
h headache and diplopia and ptosis, and found to have a large suprasellar mass on
By report, he had a severe decline in status yesterday with left hemiplegia,
ponsive to deep pain only, and required intubation for airway protection. Imaging
s reported to show 3 x 3.1 x 6 cm sellar lesion with suprasellar extension and
structive hydrocephalus. The lesion had findings of internal hemorrhage consistent
h apoplexy. **He was transferred here, and has undergone**
tuitary surgery this evening. He had hypotension intraoperatively,
d was treated with hydrocortisone in addition to pressors and dexamethasone.

Endocrinology Follow-up Note

ferring Physician:

te: **May 13, 2015**

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[May 9]
Endocrinology Consult Note

HYSICAL EXAM: Intubated white male, not responsive to verbal stimuli. Agitation
vith physical exam, including auscultation of lungs and heart. VS as recorded. No
ushingoid features. Hands are large, but no other acromegalic features. Skin is
allow. Moderate facial beard growth. **Slight oozing of blood from**
nares. Neck exam difficult due to positioning -- no goiter, no nodes appreciated.
egular cardiac rhythm, no murmurs. Lungs clear. Soft, obese abdomen.
Genital exam notable for small phallus, extremely
mall testes. Essentially no pubic hair or axillary hair.

[May 13]
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What I asked the resident…

has the patient been getting daily pituitary
rgery? [that is what we are reporting]

has he had continuous bleeding from his
res [why are we not evaluating it?]

why are we doing a daily genital exam on a
tient in the ICU?

THE MOST COMMON LIE

ENDOCRINOLOGY CONSULTATION FOLLOWUP

Patient Name:
MRN:
Date of Consult: 05/13/2015

ason for consultation: diabetes insipidus

nsulting team: Trauma

I: Polyuria improved. Patient remains intubated and
responsive.

THE MOST COMMON LIE

eview of systems: Please see HPI o/w all
stems reviewed and negative.

EPARATION OF DOCTOR AND PATIENT

E-MAIL FROM A WAKE FOREST RESIDENT

he more bells and whistles these things
ave the harder it seems to be able to
ctually find the patient amongst the sea
f "cases" or "presentations" in the
edical record.

PAST MEDICAL HISTORY & FAMILY HISTORY BY CHECK BOX

Foot & Ankle Institute | Foot & Ankle Institute | Foot & Ankle Institute

ps://footinstitute.1stproviderschoice.com/patient/index.php?file=med_patient_form&i=eccbc87e4b5ce2fe28308fd9f2a7baf3

e (Male) DOB: Jul 11, 1970 [43 years] | Home Phone: (480) Logout

Page: 3. Past Medical History/General F.. Go to Previous Next Last

story/General Family History Page 3 of 7

f the following questions to the best of your ability. If you do not understand a question, skip it and continue on to the next page. You may go back to a previous page at any time to make changes or additions.

ory

any of the following?	Check All That Apply
	☐
	☑
	☐
	☐
	☐
	☑
	☐
	☐
	☐
	☐
	☐

ur family had the following and if so, who?

	Mother	Father	Brother(s)	Sister(s)	Maternal (Mother's Grandparents)	Paternal(Father's Grandparents)
	☑	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
?)	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐

E-MAIL FROM A WAKE FOREST RESIDENT

'ith family history and social history just
nother box in the meaningful use
ecklist, it seems like we've found a way
“protocolize” even the art of getting to
now our patients.

E-MAIL FROM A WAKE FOREST RESIDENT

can remember my first encounter with
ne of my clinic patients using Epic.

E-MAIL FROM A WAKE FOREST RESIDENT

can remember my first encounter with
ne of my clinic patients using Epic.

was possibly one of the lowest times of
sidency. Armed with this Rolls-Royce of
MRs, I felt miles away from my patient.

E-MAIL FROM A WAKE FOREST RESIDENT

till can't seem to get past the urge to just toss the computer aside and actually talk to people when I see them.

E-MAIL FROM A WAKE FOREST RESIDENT

dangered by the EMR:

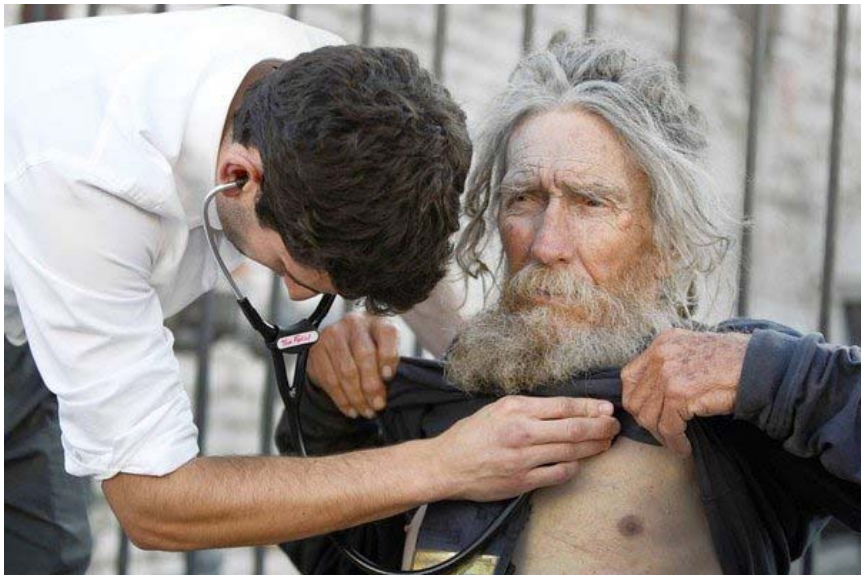
ucation;

pport;

mpassion;

dside clinical reasoning;

e physical exam.



SCRIBES ARE NOT THE ANSWER

CRIBES ARE NOT THE ANSWER – THEY ADD TO THE "CLUTTER"

em List
crinology Problems
e osteoporosis
Medical Problems
ral dry eyes
c keratosis
rrheic keratosis
y of nonmelanoma skin cancer
lasm of uncertain behavior of skin
mous cell carcinoma, arm
ed vision, right eye
act extraction status right eye topical +18.5 sn60wf (2/5/2014)
ntial tremor
s elbow
yopia
act
rlipidemia
ralized osteoarthritis of multiple sites
in D deficiency
henopausal hormone replacement therapy
ar sclerosis
atochalasis
en of optic disc

CRIBES ARE NOT THE ANSWER – THEY ADD TO THE "CLUTTER"

List
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f optic disc

CRIBES ARE NOT THE ANSWER – THEY ADD TO THE "CLUTTER"

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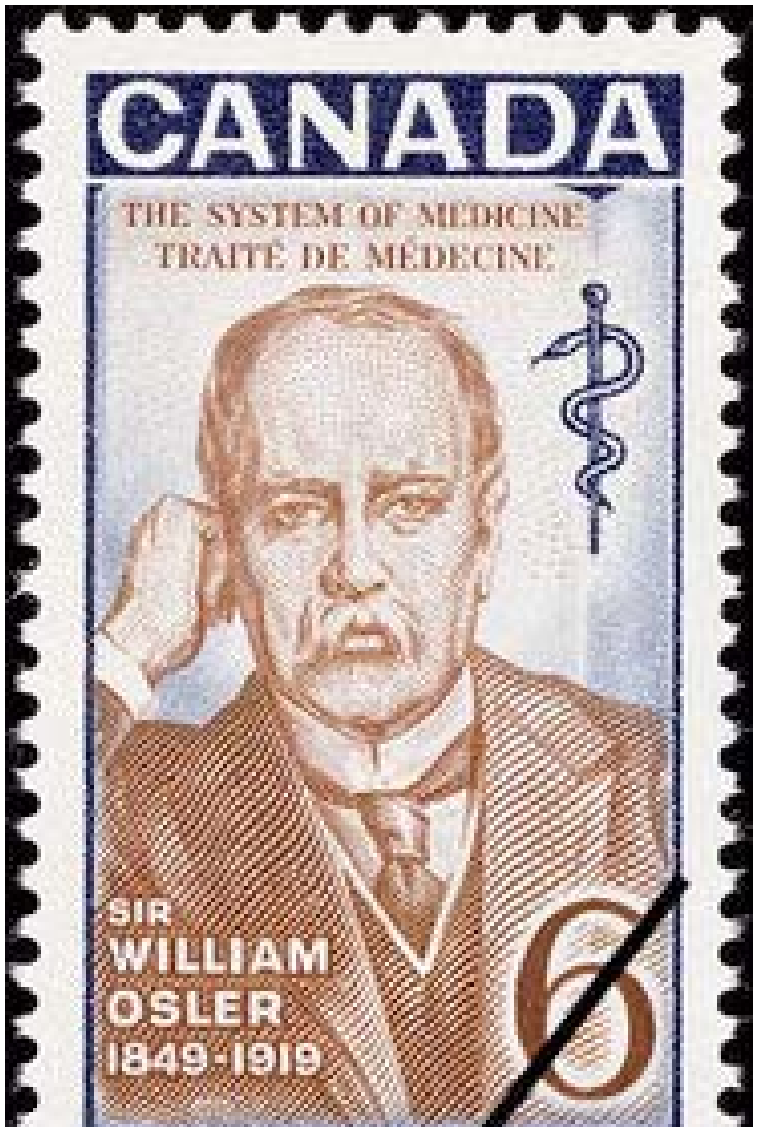
of optic disc

r *William Osler*:



r William Osler:

he practice of medicine is not a business...”

r William Osler:

.and can never be one...”

r William Osler:

Our fellow creatures cannot be dealt with as a
an deals in corn and coal."

r William Osler:

.the human heart by which we live must
ntrol our professional relations."

Ober & Applegate

ggestions for reclaiming the doctor-patient teraction…

/e suggest the following as *principles*:

The time with the patient, in the hospital or amining room, belongs to the patient, not to e business office.

We suggest the following as *principles*:

2] During the face-to-face interaction, the patient deserves the undivided attention of the physician.

We suggest the following as *principles*:

3] Every patient has a story; it is incumbent upon us to listen to the story and try to understand the story.

We suggest the following as *principles*:

4] The medical record should be the repository of the patient's narrative as we strive for patient-centered health care.

We suggest the following as *principles*:

5] Documentation (beyond personal note-taking) of the history and exam should be restricted to a post-encounter activity (outside the clinic or hospital room).

We suggest the following as *principles*:

6] Copy-forward and cut-and-paste functions should be eliminated.

[<u>My opinion</u>: There is enough fraud going on here to shut down everyone's world if it were ever pursued.]

May 9: He…has undergone pituitary surgery this evening.

May 11: He…has undergone pituitary surgery this evening.

May 12: He…has undergone pituitary surgery this evening.

May 13: He…has undergone pituitary surgery this evening.

We suggest the following as *principles*:

6] Computer use in the clinic should be restricted to

- prescription writing
- test ordering
- printing of educational materials
- etc.

CONCLUSION

- The time is here to reclaim the medical profession and preserve its integrity by refocusing on our patients.

- The computer must become the servant, not the master.