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.
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.
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.
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
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.
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.
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
What we've got here is a FAILURE TO COMMUNICATE

Cool Hand Luke
SMART PHRASES
SMART PHRASES

The patient is brought to the clinic by his {15061}. 
“by her both parents”?!
NAILPROC =

OBJECTIVE: 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 and tenderness.

ESSMENT: ingrown toenail

N: Informed consent is obtained. Using a 50-50 mixture of 1% plain lidocaine and 1% plain marcaine, a ring block was done (6 cc total). Using a tourniquet for vostasis and sterile instruments, I freed the nail from the nailbed and removed a dge 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...

**VIEW OF SYSTEMS:**

- Allergies denied
- Anorexia denied
- Apathy denied
- Apprehension denied
- Depressed
- Irritability denied
- Restlessness denied
- Fatigue denied
- Lethargy denied
- Malaise
- Polydipsia denied
- Polyphagia denied
- Fat Intolerance denied
- Weight Gain denied
- Weight Loss denied
- Bleeding denied
- Chills denied
- Cold Intolerance denied
- Heat Intolerance denied
- TB Exposure denied
- Transfusions denied
- Trauma denied
- Hiccups denied
- Recent Infection denied
- ENT: Facial Pain denied
- Sinus Pain denied
- Jaw Pain denied
- Dentalgia denied
- Eye Irritation denied
- Vision Impairment denied
- Ophthalmalgia denied
- Hyperacusis denied
- Tinnitus denied
- Epistaxis denied
- Sneezing denied
- Drooling denied
- Glossodynia denied
- Sore throat denied
- Dysphagia denied
- Neck Pain denied
- Hoarseness denied
- NGS: Cough denied
- Dyspnea denied
- Orthopnea denied
- Hemoptyisis denied
- ART: Palpitations denied
- Chest Pain denied
- Abdomen Pain denied
- Flank Pain denied
- Suprapubic Pain denied
- Pyrosis denied
- Vomiting denied
- Regurgitation denied
- Hematemesis denied
- Diarrhea denied
- Constipation denied
- Obstipation denied
- Hematochezia denied
- Anemia denied
- Steatorrhea denied
- Acholic Stools denied
- Flatulence denied
- ENT: Dysuria denied
- Urine Frequency denied
- Urine Hesitancy denied
- Urine Urgency denied
- Urine Flow-Slow denied
- Urine Retention denied
- Nocturia denied
- Polyuria denied
- Dark urine denied
- Incontinence denied
- Pelvic Pain denied
- Perineal Pain denied
- Rectal Pain denied
- Tenesmus denied
- Testicle Pain denied
- Decreased Libido denied
- Impotence denied
- Breast Pain denied
- Arthralgia denied
- Joint Stiffness denied
- Swelling denied
- Back Pain denied
- Hip Pain denied
- Knee Pain denied
- Leg Pain denied
- Heel Pain denied
- Muscle Cramps denied
- Neuralgia denied
- IN: Anhidrosis denied
- Bruising denied
- Pruritis denied
- Spider Bite denied
- Arthropod bite denied
- Rash denied

"Denied" include:

- Apathy
- Apprehension
- TB exposure
- Hiccups
- Dentalgia
- Sneezing
- Drooling
- Eructation
- Hemoptyisis
- Flatulence
- Dark urine
- Anhidrosis
- Spider bite
- Arthropod bite
- Clumsiness
- Heel pain
- Bruising
NON-EXAM: "ABNORMALITY NOT DETECTED"

OBJECTIVE:
CONSTITUTIONAL: VS-see EHR. Appear/General-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.
V/ HEART: Heart/Auscultation-Abn not detected.
Intra-Abn not detected.
LYMPH:
USK/ BJE: Edema not detected.
EURO: PSYCH: Insight/Judgement-Abn not detected.
“Oh 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. Oden - 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 WFBH is a wonderful institution dedicated to good or should I say excellent medical records. Amazing!!

Keep in touch.

Paul Wansley
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
History

Chief Complaint
Patient presents with:
- Abdominal Pain

Patient is an 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 BPH, GERD and diabetes.
Complaint

Presents with:

Abdominal Pain

is a 83 y.o. male presenting with abdominal pain. The history is provided by the patient.

Primary Pain

Primary symptoms of the illness include abdominal pain. The primary symptoms of the illness include fever, fatigue, shortness of breath, nausea, vomiting, diarrhea or dysuria. The current episode began more than 2 days ago (4-5 days). The onset of the illness was gradual. The problem has not changed since its onset. The abdominal pain is located in the suprapubic region. The abdominal pain is relieved by nothing.

Patient states that she believes she is currently not pregnant. The patient has had a change in mental 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. The patient's past medical issues include PUD, GERD and diabetes.

Medical History

Hemodialysis

Blood transfusion

Diabetes mellitus
EXAMPLE:
MY PATIENT’S ER VISIT

Gynecologic Pain

The patient states that she believes she is currently not pregnant.”
Dr. Bob Wachter

When I was on clinical service in July and read the notes written by our interns and residents, I often had no idea whether the patient was getting better or worse, whether our plan was working or not working, whether we needed to rethink our whole approach or stay the course.”

Dr. Bob Wachter
the American Board of Internal Medicine
the Division of Hospital Medicine at the University of California, San Francisco
A NEW ROLE FOR PHYSICIANS

Previous role
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

New role
The doctor *collects* the data and does the *data entry*. 
LESS PATIENT INTERACTION

A study in Baltimore in January 2012 revealed that medical interns spent 2% of their time in direct patient care.
LESS PATIENT INTERACTION

A study in Baltimore in January 2012 revealed that medical interns spent 2% of their time in direct patient care.

On average, medical interns interacted with each patient...
LESS PATIENT INTERACTION

The distribution of emergency room physicians in a community hospital:

- 2% reviewing records and test results
LESS PATIENT INTERACTION

The distribution of emergency room physicians in a community hospital:

- 2% reviewing records and test results
- 8% direct patient contact
LESS PATIENT INTERACTION

The distribution of emergency room physicians in a community hospital:

- 2% reviewing records and test results
- 8% direct patient contact
- 88% doing computer data entry [up to 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

“To save time, I was advised by a consultant to enter data into the electronic record during the office visit.”
“eyes were focused on the keyboard and the lack of contact kept patients from opening up and discussing medical and personal problems.”
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
It showed the artist—a 7-year-old girl—on the examining 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
DANGEROUS TOOLS
CHECK BOX MENTALITY
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
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<td>1-3 elements</td>
<td>4+ elements (or 3+ chronic diseases)&lt;sup&gt;2&lt;/sup&gt;</td>
<td>4+ elements (or 3+ chronic diseases)&lt;sup&gt;2&lt;/sup&gt;</td>
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<tr>
<td>ROS</td>
<td>N/A</td>
<td>N/A</td>
<td>Pertinent</td>
<td>2-9 systems</td>
<td>10+ systems</td>
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<td>PFSH</td>
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<td>N/A</td>
<td>N/A</td>
<td>1 element</td>
<td>2 elements</td>
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<tr>
<td><strong>EXAMINATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>1997 documentation guidelines</td>
<td>N/A</td>
<td>1-5 elements</td>
<td>6-11 elements</td>
<td>12 or more elements</td>
<td>Comprehensive</td>
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<tr>
<td>1995 documentation guidelines</td>
<td>N/A</td>
<td>System of complaint</td>
<td>2-4 systems&lt;sup&gt;2&lt;/sup&gt;</td>
<td>5-7 systems&lt;sup&gt;2&lt;/sup&gt;</td>
<td>8+ systems</td>
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<tr>
<td><strong>MEDICAL DECISION MAKING</strong></td>
<td>N/A</td>
<td>Straightforward</td>
<td>Low</td>
<td>Moderate</td>
<td>High</td>
</tr>
<tr>
<td><strong>TIME</strong></td>
<td></td>
<td></td>
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<td></td>
<td>Half the total must involve counseling or coordination of care</td>
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<td></td>
<td>5 minutes</td>
<td>10 minutes</td>
<td>15 minutes</td>
<td>25 minutes</td>
<td>40 minutes</td>
</tr>
</tbody>
</table>
Coding and Reimbursement Pearls

Level of Service

Remember, you don't get reimbursed for what you 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
A BRIEF MEDICAL ETHICS QUIZ

[HYPOTHETICAL]
You have an 83-year-old man with belly pain and a check-box...

Not pregnant

You are one question short of being able to bill at the next level.

Your practice manager says you spend too much time 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
“The Gambler”
Kenny Rogers

Never count your money when you're sittin' at the table.

There'll be time enough for makin'

When the dealin's done.
You Should Have Listened to Kenny Rogers
The patient states that she believes she is currently not pregnant.”
is a 83 y.o. male presenting with abdominal pain. The history is provided by the patient language interpreter was used.

Abdominal Pain

Primary symptoms of the illness include abdominal pain. The primary symptoms of the illness include fever, fatigue, shortness of breath, nausea, vomiting, diarrhea or dysuria. The current health problem began more than 2 days ago (4-5 days). The onset of the illness was gradual. The problem has not changed since its onset. The abdominal pain is located in the suprapubic region. 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 habits. Symptoms associated with the illness include constipation and back pain (chronic). Associated medical issues include PUD, GERD and diabetes.
DISTRUST...

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

Referring Physician: [Name]
Date: May 9, 2015

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

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

Referring Physician:

Date: May 9, 2015

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

HPI: Mr ---- is a -- yo WM who was recently admitted to ------ Medical Center May 8
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structive hydrocephalus. The lesion had findings of internal hemorrhage consistent
with apoplexy. **He was transferred here, and has undergone pituitary surgery this evening.** He had hypotension intraoperatively,
and was treated with hydrocortisone in addition to pressors and dexamethasone.
Endocrinology Follow-up Note

Referring Physician:

Date: May 13, 2015

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

HPI: Mr ---- is a -- yo WM who was recently admitted to ------- Medical Center May 8th with headache and diplopia and ptosis, and found to have a large suprasellar mass on imaging. By report, he had a severe decline in status yesterday with left hemiplegia, responsive to deep pain only, and required intubation for airway protection. Imaging is reported to show 3 x 3.1 x 6 cm sellar lesion with suprasellar extension and obstructive hydrocephalus. The lesion had findings of internal hemorrhage consistent with apoplexy. **He was transferred here, and has undergone pituitary surgery this evening.** He had hypotension intraoperatively, and was treated with hydrocortisone in addition to pressors and dexamethasone.
[May 9]

Endocrinology Consult Note

**PHYSICAL EXAM:** Intubated white male, not responsive to verbal stimuli. Agitation with physical exam, including auscultation of lungs and heart. VS as recorded. No cushingoid 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. Regular cardiac rhythm, no murmurs. Lungs clear. Soft, obese abdomen. **Genital exam notable for small phallus, extremely small testes. Essentially no pubic hair or axillary hair.**
[May 13]

Endocrinology Follow-up Note

**PHYSICAL EXAM:** Intubated white male, not responsive to verbal stimuli. Agitation with physical exam, including auscultation of lungs and heart. VS as recorded. No cushingoid features. Hands are large, but no other acromegalic features. Skin is pale. Moderate facial beard growth. *Slight oozing of blood from nares.* Neck exam difficult due to positioning -- no goiter, no nodes appreciated. Regular cardiac rhythm, no murmurs. Lungs clear. Soft, obese abdomen.

Genital exam notable for small phallus, extremely small testes. Essentially no pubic hair or axillary hair.
What I asked the resident...

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

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

why are we doing a daily genital exam on a patient in the ICU?
Patient Name: 
MRN: 
Date of Consult: 05/13/2015

Reason for consultation: diabetes insipidus

Consulting team: Trauma

I: Polyuria improved. Patient remains intubated and responsive.
THE MOST COMMON LIE

**Review of systems:** Please see HPI o/w all systems reviewed and negative.
PARATION OF DOCTOR AND PATIENT
E-MAIL FROM A WAKE FOREST RESIDENT

The more bells and whistles these things have the harder it seems to be able to actually find the patient amongst the sea of “cases” or “presentations” in the medical record.
### Past Medical History & Family History

#### Story

Any of the following? Check All That Apply

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

#### Your family had the following and if so, who?

<table>
<thead>
<tr>
<th></th>
<th>Father</th>
<th>Brother(s)</th>
<th>Sister(s)</th>
<th>Maternal (Mother's Grandparents)</th>
<th>Paternal (Father's Grandparents)</th>
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<tbody>
<tr>
<td>□</td>
<td></td>
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<tr>
<td>□</td>
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</tbody>
</table>
E-MAIL FROM A WAKE FOREST RESIDENT

With family history and social history just another box in the meaningful use checklist, it seems like we've found a way “protocolize” even the art of getting to know our patients.
can remember my first encounter with one of my clinic patients using Epic.
E-MAIL FROM A WAKE FOREST RESIDENT

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

It was possibly one of the lowest times of residency. 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:

Education;
Support;
Empathy;
Hands-on clinical reasoning;
Physical exam.
SCRIBES ARE NOT THE ANSWER
CRIBES ARE NOT THE ANSWER – THEY ADD TO THE “CLUTTER”

<table>
<thead>
<tr>
<th>Problem List</th>
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<tbody>
<tr>
<td>Osteoporosis</td>
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<tr>
<td>Medical Problems</td>
</tr>
<tr>
<td>Dry eyes</td>
</tr>
<tr>
<td>Keratosis</td>
</tr>
<tr>
<td>Nonmelanoma skin cancer</td>
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<tr>
<td>Basal cell carcinoma, arm</td>
</tr>
<tr>
<td>Vision, right eye</td>
</tr>
<tr>
<td>Iatrogenic status right eye topical +18.5 sn60wf (2/5/2014)</td>
</tr>
<tr>
<td>Essential tremor</td>
</tr>
<tr>
<td>Elbow</td>
</tr>
<tr>
<td>Myopia</td>
</tr>
<tr>
<td>Astigmatism</td>
</tr>
<tr>
<td>Lipidemia</td>
</tr>
<tr>
<td>Psoriatic arthritis of multiple sites</td>
</tr>
<tr>
<td>Vitamin D deficiency</td>
</tr>
<tr>
<td>Menopausal hormone replacement therapy</td>
</tr>
<tr>
<td>Leprosy</td>
</tr>
<tr>
<td>Cataract</td>
</tr>
<tr>
<td>Optic disc</td>
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</tbody>
</table>
CRIBES ARE NOT THE ANSWER – THEY ADD TO THE “CLUTTER”
CRIBES ARE NOT THE ANSWER – THEY ADD TO THE “CLUTTER”
Sir William Osler:
Dr. William Osler:

"The practice of medicine is not a business..."
"and can never be one..."
Our fellow creatures cannot be dealt with as a man deals in corn and coal.”
Dr. William Osler:

"the human heart by which we live must control our professional relations."
Ober & Applegate

Suggestions for reclaiming the doctor-patient interaction...
We suggest the following as *principles*:

The time with the patient, in the hospital or examining room, belongs to the patient, not to the 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.

[My opinion: 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.