Life is full of paradoxes, and I’m humbly going to admit a personal one. I’m a “late adopter” when it comes to using electronic health records (EHRs). My emergency medicine partners would enthusiastically nod in agreement if asked to affirm this fact. Now, as chief medical officer at MMIC Group, I’m advocating that we physicians enthusiastically engage in designing, using, modifying and leveraging EHR technology to improve patient care and mitigate risk.

How can these seemingly contradictory positions exist within one practitioner?

First, I have a long history of resisting computer technology when it comes to patient care. I remember being asked to put my orders in the computer by a nurse who was standing right in front of me. My response was, “What’s wrong with the old way of communicating—you know, talking?” But I also remember asking for one medication with a specific dose, only to find out that another drug or different dose was administered. With time, I came to appreciate the value of writing down or entering orders. And I learned over time that what I thought I communicated wasn’t necessarily what was understood. That said, I have also witnessed an adverse event that occurred because of hitting the wrong key on an order entry for a high-risk medication, so I am aware of the risks EHRs may inadvertently create.

Second, I have worried about the computer being interposed between my patients and me. Many patients report experiences in healthcare these days where they felt their nurse or doctor spent most of the visit entering data into a computer rather than speaking face-to-face with them. Some patients even report the absence of a physical exam!

As much as I value checklists for procedures—for ensuring that the necessary steps are performed in the proper sequence—I find them more problematic in other contexts, such as when important questions about psychosocial issues or symptoms may be asked mechanically for the sake of completing a list, but the answers are not responded to with compassion and further inquiry. Those concerns are real, but now I will admit that I can’t imagine not having online clinical decision-making tools available to me when I am seeing patients. So, while I worry about the improper use of EHRs, I also recognize their current and growing value.

Third, I think we all know that the rapidity with which technology is being urged on healthcare providers may be creating safety problems of its own. EHRs are still relatively new, and we need to spend time and attention thinking about the best ways to develop them.

Patient safety is a big concern with the use of EHRs, and it’s something about which we as providers need to be vigilant and involved. That’s a main reason we at MMIC are advocating greater physician engagement in EHRs. Who better than our policyholders to press for EHR development efforts proceeding in directions that help us provide more consistent, efficient, safe, up-to-date care? The potential is there.

As with all works in progress, achieving the full potential of EHR technology requires that we be heartily engaged in the process, vigorous in our critiques and generous with our ideas for improvement.

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