EDITORIAL

My EHR doesn't love me

My EHR and I are beginning a long-term relationship and already I wonder if the honeymoon is over. To be fair, this is not the first rocky relationship I've had with an EHR. In a past life, I persevered during a lengthy EHR implementation, only to leave before the marriage was consummated. The second time around, the system we were implementing became a casualty of changing financial support and residency affiliation.

This time, I'm going the distance. Our academic, multispecialty group practice is in the midst of implementing a system that we believe will meet our needs.

The system is a far cry from what was being offered over a decade ago. We now have ready access to basic problem lists, allergies, and immunizations; better templates; and remote access to information. The system also affords us the ability to effectively communicate across a large group in many locations.

But the EHR is a demanding mistress. First, she requires you to change workflows: from the check-in process, to answering phone messages, to engaging learners effectively in care. Chaos ensues as newly trained staffers try to master the new screens. The quick message that I scribbled in response to a refill request now becomes an elaborate dance.

The time commitment for training, retraining, and updating is not insignificant. Add this to the need for periodic upgrades (let alone the upfront cost), and the personnel and software costs really begin to add up.

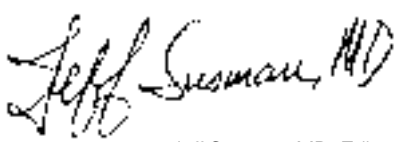
But my real gripe is that our EHR doesn't "put out." I can't find all my patients who have diabetes and an A_{1C} greater than 7 or those with asthma who have frequent visits and are not on controller agents. The assistance we gain in billing and compliance is rudimentary compared to the fantastic system we'd used in our paper charts. Indeed, the ability to really use decision support of any form is archaic unless we buy more costly upgrades.

We have a terrific community-wide electronic flow of medical information through HealthBridge, but my EHR won't sully her reputation with such imported data. Summaries of records look like a monkey produced them.

Now I know many of you will write and tell me your EHR prepares your coffee and humbly awaits your every command. But why shouldn't every EHR support routine medical functions out of the box? Why do I have to argue with vendors, fellow group members, CFOs and who knows—probably the housekeeping service—to have a product that really supports the future of family medicine?

I have promised my EHR that I will talk to her nicely. If only she could show me some love in return.

PS: What do you think?
Write me at **jfp@fammed.uc.edu**



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