



## The arrival of ‘hunt-and-peck’ medicine

In high school I took Saturday typing classes. I never envisioned my fingers flying, Jerry Lee Lewis-like, over a computer keyboard in a doctor’s office. Foremost on my mind was seeing Carolyn, the cheerleader from my English class, every Saturday morning.

Forty years later, Carolyn is a distant memory and balls of fire do not fly from my fingers as I type, but I do type all my notes, order my labs, and write prescriptions from my computer as I sit in front of my patient.

On page 826 of this issue of the *Journal*, Drs. Neil Mehta and Mary Partin present a basic overview of the electronic health record (EHR), a tool increasingly being adopted by practices large and small. Mehta and Partin note some obvious concerns about the cost and details of incorporating an EHR into an existing practice. I would like to offer a few positive reflections on my dealings with our EHR.

On being told that we would be typing all of our visit notes directly into the EHR, my initial concerns related to inefficiencies of time and disruption of face-to-face bonding with patients as I stared at my fingers pecking out my notes. Instead, I have noted a time savings. My impressions and plan are written in language that my patients can both read and understand. They leave the office with a legible summary of their visit. I can also hand them a full copy of my note to give to their primary provider, obviating the need to write a separate letter at the end of the day. Prescriptions are generated with a few clicks, and my office staff and I have a record of when refills are due. Our EHR includes a database that provides useful reminders about drug interactions and allergies. With some forethought, practice-specific reminders can be incorporated for vaccinations and screening tests. Judicious use of templates can provide prompts for appropriate coding for billing submissions. Plus, I can actually read my own notes when I refer back to them.

As for doctor-patient bonding, I explain to new patients at the outset of our visit the mutual benefits of a typed record. After the exam, while typing the assessment, I periodically push back from the terminal and look at and sometimes purposefully touch the patient seated in front of me, often trading comments regarding my obvious non-skill as a typist. Patients appreciate receiving their visit summary and “to-do” list. I may even tell them my story about Carolyn and my typing class.

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