RICHARD P. MILLS, MD, MPH

Opinion

EHRs Got You Down? You Are Not Alone

It's an interesting time to be an electronic health record (EHR) voyeur. It's an apt term for what I'm doing, since a voyeur is a nonparticipant who spies on people engaged in activities usually considered to be of a private nature. These days, what could be more private—legally, at least—than a patient's EHR? (To avoid jail time, I hasten to add that my spying is on my colleagues' behaviors, not on the content or identity of a specific patient record.) I've observed that there are several typical Eye M.D. profiles, so let's see … which one fits you?

Bring it ons are the ophthalmologists who like being the first. They had RK or LASIK done on their own eyes, they were the first in their area to use a femtosecond laser to epilate eyelashes and, of course, they invested heavily in early-generation EHRs. Even though they've had to change systems because the vendors went out of business, they extol the virtues of their paperless office. That is, paperless unless you count the 50 pages they send for every routine request for records.

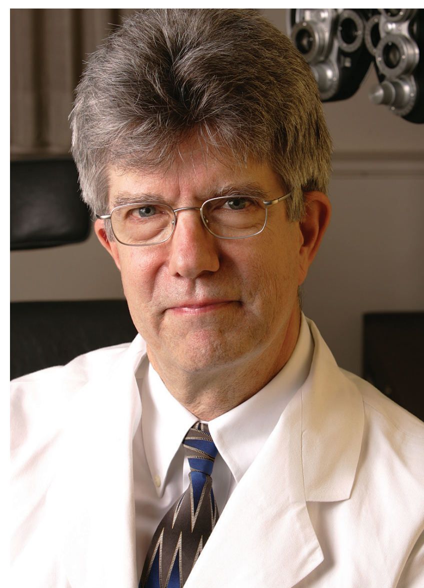
Champions are the equivalent of Sam-I-am in the Dr. Seuss book, trying to sell the virtues of green eggs and ham to skeptical colleagues. Almost always spotted in large institutions, these ophthalmologists are the chosen (as in many are called, but few are chosen) ones to spread the EHR gospel. Once a system is up and running, they serve as the 24/7 volunteer fire department, putting out fires caused by other people's Stupid Mistakes.

Rodney Dangerfields comprise the silent majority of institutional ophthalmologists. Beaten down by decades of senseless rules and policies promulgated by deans and department heads, they have no fight left in them. They attend the hours of training classes and half-believe the drivel they are fed about how easy it is. Never mind that the EHR was designed for critical care nursing; somehow they know there will be a work-around to allow ophthalmology data to be entered. If only they were allowed to draw the disc! (The disc was barely identifiable in their old paper records; can you imagine the quality of a mouse-drawn oval?) They may grumble about EHRs, but only when they believe they are not being watched.

Not now, no how is the profile most of us would secretly like to adopt, but think better of it after considering the undeniable patient advantages of a fully functional EHR. These ophthalmologists will retire, if they are able, or resign from the medical staff to avoid using the hospital EHR system, or they will disclose their PIN to a trusted assistant so he or she can enter the required patient data.

Voyeurs, like me, make up a large chunk of the ophthalmology populace. We are tempted by the Medicare bonuses for meaningful use EHR adoption but realize that a hasty choice may be $40,000 wise and $100,000 foolish. We know we have to do this reasonably soon, before the penalties kick in, but it's a big step—and, no, we've never been very good at change, anyway.

Help is on the way! It comes in the form of a paper by the Academy Medical Information Technology Committee, headed by Michael F. Chiang, MD. It outlines the features that ought to be in an ophthalmology EHR, and what questions you should ask vendors. It's an "Article in Press" on *Ophthalmology*'s website (accessible via www.aao.org/one, "Publications"). Or wait for the print version, coming in the August *Ophthalmology.* Spy it out.



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