EDITOR’S NOTE

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A work in progress

Shortly after buying an Apple II Plus in 1981, I was regaling my dinner mates with tales of my amazing machine and what it could do. A woman across the table, who had been looking puzzled and bemused during my discourse, finally piped up and asked, “But, Chuck, what are you going to do with it?” Momentarily taken aback, I weakly replied, “Recipes?” and then added, as an afterthought, “Maybe I’ll put patient records on it.”

Thus began an odyssey through innumerable computers and software programs searching for the Holy Grail that would computerize my medical records. I moved from the Apple to IBM desktops to laptops. I experimented with Visicalc, Dbase III and Microsoft Access. I finally concluded that building a true electronic medical record (EMR) was beyond my expertise and that I would have to wait for a commercial one.

The wait wasn’t long. Program after program hit the market touting ease of use and instant access to all the patient information one would ever want. As chair of an information systems committee for one Twin Cities hospital system, I sampled some of the offerings of the “big players” in the burgeoning EMR field and gave talks to insurance providers, acting as a veritable cheerleader for what these systems could accomplish. Finally, we could simplify the work providers do every day. We could meaningfully measure what we do and see what works. I was preaching the Holy Grail. The future was now, and it was going to be good.

For the last two years, I have been sitting on top of the Holy Grail, using a full-featured EMR for all of my patient encounters, and the gleam of the Grail has become a bit tarnished. Every day is a “clickfest,” as I click on all the requisite tabs to accomplish the necessary patient tasks and complete the needed documentation for various quality standards being measured. I have become a victim of the dictatorship of the inbox, obsessively trying to keep up with the stream of information that pours into it. And it seems like the software will never do what should be a two-click job in less than five clicks.

And yet the EMR is an improvement. The prescription refill process has been trimmed by many steps. Information gathered anywhere within my health care system’s network of hospitals and clinics is readily available. Patients’ past medical histories and problem lists are easy to access once they have been accurately recorded. And the prompts to enter quality information, though irritating at times, do make me do a better job of doctoring.

Really the EMR is just like any technology—a work in progress.

Most depictions of the Holy Grail in art and movies portray it as a treasure, a chalice or a goblet hidden in an obscure place waiting for a Harrison Ford to find it and achieve ultimate wisdom. But wisdom and technological progress don’t occur in one “aha” moment. They emerge slowly over time. Holy Grails are found only in the movies.

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