PAGING STEVE JOBS ...

Can someone build a better EHR?

BY JON HALLBERG, M.D.

One year ago, I made the switch from one electronic health record (EHR) system to another. I had been using the old EHR for nearly nine years and had grown comfortable with it. Although it wasn't perfect and needed some serious upgrades, it got the job done and I knew its limitations. But the system we were using was different from the one our partner hospital was using. It no longer made sense to continue with two different EHRs. We had to be on the same electronic page.

My clinic was among the last cluster of clinics in our group to make the switch. Although theoretically many of the glitches and kinks had been worked out of the system before we made the change, we still heard grumbling about the difficult, painful process of going from the old EHR system to the new one. Despite that, I went into the process with an open mind.

Last August, I attended my first instructional session on the new system. From the moment I logged on and read that I was “jumping to hyperspace,” my open mind narrowed. When my homepage popped up for the first time, I stared at the screen. My eyes darted from three rows of multicolored tabs at the top to more tabs and columns of words in a small font size along the left-hand side. I tried to make sense of this visual mess, but there was no logical place for my eyes to fall.

As we started interacting with the system (ordering lab tests, documenting encounters), it became clear there were multiple ways of doing the same thing. Nothing seemed intuitive or logical. My frustration and cynicism grew. I didn't want to dislike (or hate) the new system, despite everything I'd heard, but I began to resent it—deeply. It felt like I was in an arranged marriage with no hope of learning to love my new life-partner. I was rapidly falling into a kind of e-depression.

A year later, I've made peace with this system. For a guy who really doesn't know how to type quickly or correctly (I regret blowing off that summer school typing class), I've developed some finger memory. I know where to look, what to click, how to code and link and task and review. But it's still painful, and I spend much more time on my computer than before—a common complaint, regardless of which EHR system one uses. Caring for patients, it seems, has become a combination of court reporting (with someone constantly typing at a keyboard or clicking a mouse during an encounter) and the carnival game Whac-A-Mole (where the object is to hit a “mole” on the head with a hammer every time it pops up through a random hole—or in our case, clicking off tasks as they constantly and randomly appear in our virtual in-baskets).

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There has to be a better way. Surely someone somewhere is capable of creating a method for documenting and coding and billing that isn't so cumbersome and time-consuming. Which leads me to ask: Where is the Steve Jobs of the EHR world? Where is that person who knows what we want before we know what we want? That person who understands simplicity and elegance and knows where to cut and pare? That person who's maniacal about doing the right thing—and getting it right before a product is released? That person who knows the value of combining art and science into the DNA of a product or company, creating something both useful and beautiful? I have to believe—I want to believe—that someone somewhere is cooking up something insanely great, that someone understands what it means—what it truly means—to “think different” in the world of electronic health records. MM

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