Use of electronic health records (EHRs) are increasingly prevalent in U.S. hospitals. Naturally, this shift toward paperless medical record-keeping has changed the way medical professionals interact with medical data, their patients and each other. But have these changes truly made the standard of care and patient experience better?

A new kind of hospital experience

The art of reading the body is disappearing.

For the last century, the medical profession was more of an art than science. Yes, in order to successfully diagnose and treat patients, you need to have a thorough understanding of biology, pathology and scores of other medical sciences. However, the reason that medical programs require so much hands-on experience is that there is no substitute for learning how to translate theoretical knowledge of the human body into physical practice.

Today’s medical technologies can shift a doctor’s attention away from the physical examination of the patient and, often, toward a computer screen. According to Abraham Verghese in a recent piece for the *The New York Times* (“How Tech Can Turn Doctors Into Clerical Workers”), systems like EHRs stifle creativity, independent thought and face-to-face physical analysis. Many would argue that they remove much of the humanity that is necessary to make an accurate and empathetic medical diagnosis.

Medication errors are becoming less frequent.

When we consider the number of hours that medical professionals work, the number of patients they encounter and the countless individuals involved in providing care, it becomes easy to understand how medication errors can happen, even in the most scrupulous environment. EHRs provide reliable access to a patient’s complete health information, from their allergies and family history to prescribed medications and appropriate dosage. By clearly displaying this information, EHRs have reduced medication errors and added a layer of safety for physicians to ensure both patient safety and quick access of information.

Doctors must now be both medical and clerical professionals.

What does a doctor do? It seems like a simple question. Doctors work with people. However, in the EHR era, that’s only half of the story. Doctors spend hours every day virtually checking boxes, electronically signing orders and entering droves of information into multiple EHR systems, which often do not talk to one another. Doctors become data miners, having to jump from program to program to determine a patient’s complete medical exam or history. Physician down time is frequently spent searching for information and completing pre-determined forms, the use of which may not entirely benefit providers or patients.

What you see on the screen might not capture the true patient experience.

EHRs record the majority of information required for reimbursement for hospitals and physicians. In order to collect sufficient data to hit quality indicators determined by various governmental agencies, hospital systems and insurers, medical professionals spend a disproportionate amount of time separated from their patients by a screen. If you’ve ever tried to share a meal with someone who can’t put their phone down, you know how disruptive technology can be to fostering a personal connection.
Where does this leave patients? Typically, according to quality indicators, they had an exceptional experience. But whether or not the patient truly felt cared for during their visit or found value in their experience is much less clear, as is the certainty of their anecdotally reported satisfaction score.

*Humans are messy, and data about humans is messy.*

EHRs, like many technologies, were not designed by the people who would eventually use them. They often don’t have room for all of the patient information a medical professional may want to capture and they may not have options that appropriately capture the wide, messy range of symptoms and conditions a patient experiences. Valuable and sometimes life-saving information can be lost.

*Doctors are burning out faster.*

The medical profession has never been an easy one – it’s physically demanding, mentally taxing, and emotionally draining. However, as more providers are less connected to their patients and more connected with requisite technology, they are burning out faster than ever before. This professional fatigue and turnover is inordinately expensive for hospitals and detrimental to continuity of care.

**What we still need from medical technology**

Despite the challenges that medical technologies can present, medical administrators and systems have historically embraced them with open arms. This is not because the medical technologies we have today are perfect, but because of what they have the potential to be.

Ideal medical tech makes care simpler and more effective. It allows medical professionals to seamlessly interact with both their patients and their patients information, while maintaining a primary focus on the patient/provider connection. Technology – medical technology included – has seen a recent push for user-centered design, a practice that involves end users in the development of products and processes that better meet their needs. We can expect to see improvements in medical technologies, from user interfaces that are easier to navigate to better connected EHRs, because patient, family and provider experience is being more closely considered in the creation and co-design of better tools and workflows.

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Medical technologies like EHRs have changed hospital workflow dramatically. While they are not perfect, they are an important step toward improving patient care, safety and experience. More recently, through patient shadowing and grassroots observations captured alongside hard data, patient and caregiver experiences and workflows are recorded and studied from both the qualitative and quantitative perspective. Increasingly, the cry from patients and caregivers is being heard; that humanity and empathy, which remain at the core of the human experience, need to be preserved and nurtured. Technology and relationships in medicine do not have to be disconnected, but those most important impressions and experiences, those of patients, families and caregivers, must be used in the creation of an optimal product.

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