# Building a better EMR

## Chris Simpson

**RECENTLY, OUR COLLEAGUES AT THE AMERICAN MEDICAL ASSOCIATION** (AMA) published what they see as the top eight challenges and solutions for improving the usability of electronic medical records (EMRs).

The framework developed by the AMA and an external advisory panel of practising physicians, health information technology experts and others is intended to leverage the potential of electronic records to enhance patient care, improve productivity and reduce administrative costs.

"Physician experiences … demonstrate that most electronic health record systems fail to support efficient and effective clinical work," said AMA President-elect Steven J. Stack. "This has resulted in physicians feeling increasingly demoralized by technology that interferes with their ability to provide first-rate medical care to their patients."

For Canadian physicians who are unhappy with their own experiences with EMRs, the list developed by the AMA will surely prompt some nods of recognition.

Here are the AMA's eight challenges and potential solutions:

1. **Design EMRs to enable physician–patient engagement.** The AMA points out that electronic health record (EHR) design gets in the way of face-to-face interaction with patients because physicians are forced to spend more time documenting required information of questionable value. "Features such as pop-up reminders, cumbersome menus and poor user interfaces can make EHRs far more time-consuming than paper charts," the AMA says.
2. **Support team-based care.** "Current technology often requires physicians to enter data or perform tasks that other team members should be empowered to complete."
3. **Promote care coordination.** "EHR systems need to automatically track referrals, consultations, orders and labs so physicians can easily follow the patient's progression throughout their care."
4. **Offer EMRs that accommodate** physicians' practice patterns and workflows.
5. Support medical decision-making with concise, context-sensitive, real-time data. "Many physicians," the AMA notes, "say that the quality of the clinical narrative in paper charts is more succinct and reflective of the pertinent clinical information. A lack of context and overly structured data capture requirements, meanwhile, can make interpretation difficult."
6. **Promote interoperability and data exchange.**
7. **Facilitate digital patient engagement.** "Most EHR systems are not designed to support digital patient engagement," says the AMA.
8. **Expedite user input into product design and post-implementation feedback.** "EHR systems should give users an automated option to provide context-sensitive feedback that is used to improve system performance and safety."

In a rebuttal, Dr. Andy Spooner, chief medical information officer at the Cincinnati Children's Hospital Medical Center, noted that while the type of customization sought by the AMA is good it does not make a product simpler. He urges the AMA to get to know EMR companies and align its statements with what these companies are doing, as many are trying to address the very issues the association raises.

Spooner also wrote: "(O)rganized medicine could really help things along by setting professional standards, promoting advancement of knowledge and, most importantly, by lobbying for regulations that reduce complexity of the practice of medicine."

Many of the issues raised resonate here in Canada and some, such as the need to promote interoperability and data exchange, have been CMA priorities for some time.

However, perhaps more important than the content of the document is the fact that the AMA has shown itself willing to stand up and speak out on behalf of its members. The digitization of medical records will inevitably impact all practising physicians, so the AMA is right to advocate for EMRs that help physicians provide good care and ensure patient safety.

At the national level, the CMA has long advocated — and will continue to advocate — for having physicians at the table when policies and procedures governing EMRs are developed and implemented.

And while we're at it, the CMA is not averse — in the words of Spooner — to "help(ing) things along" by working to set professional standards and promote the advancement of knowledge.

*Dr. Chris Simpson is the president of the Canadian Medical Association.*