For Most Physicians EMRs are Cumbersome

2009 was the year the HITECH Act became U.S. law, requiring that hospitals and physician offices move from paper-based medical record systems to electronic-based (EMRs). Meaningful use penalties first went into effect in 2015. Medicare providers who fail to adopt EMR technology and participate in the Meaningful Use Program will be penalized a set percentage of their payments.

When the law was first enacted, many healthcare providers complained about meaningful use requirements, not to mention EMRs. Physicians complained that EMRs were hard to use, incapable of communicating with other EMRs, and significantly decreased the amount of time spent on patient care. One would think that, by now, most physicians have become accustomed to using EMRs and complaints about EMRs are few and far between. Unfortunately, that is not the case.

Most EMRs are Difficult to Use

Today, many physicians are experiencing the same EMR issues since meaningful use requirements first went into effect. Hospital physicians in particular, often find EMRs a hindrance to patient care, and some hospital physicians are becoming increasingly vocal with their complaints. Just last month, Boston's NPR news station *WBUR-FM* published an article by several physicians from local hospitals who describe using EMRs as "death by a thousand clicks."

In the *WBUR-FM* article, the physicians explain that "most EMRs create extra work. A lot of extra work, thanks to endless prompts with multiple choice answers that hardly ever fit the facts and that demand click after click to get anything done." They also say that "We are frustrated by EMRs because they pull us away from our patients. We are driven mad by the fact that EMRs in different locations do not talk to each other."

Most EMRs Do Not Communicate with Each Other

Lack of interoperability is one of the most common complaints physicians have about EMRs. Hospitals and physician offices across the country have their own systems and most use different EMRs. Lack of EMR interoperability is a significant problem for hospital physicians. If a patient is admitted to a hospital for a serious health condition, the attending physician must know the patient's history, allergies, and other health information to determine the best course of treatment. Because most EMRs do not communicate with each other, the physician must spend a lot of time accessing multiple EMRs to obtain that information.

Most EMRs Slow Physicians Down

Perhaps the biggest complaint about EMRs by physicians is decreased productivity. Many doctors say that using EMRs is a hindrance to patient care, and because of meaningful use requirements, they have significantly less time to spend interacting with patients. Physicians often find they spend a lot of time typing notes and entering information into an EMR, something most physicians aren't accustomed to doing. Many hospitals are now hiring scribes to address this problem. Medical scribes are personal assistants who follow physicians around performing EMR-related duties such as entering patient information and taking notes.

A Better EMR Experience is Available Today

It's probably going to take a long time for EMR vendors to address the lack of interoperability and other complaints physicians have about EMRs. However, physicians don't have to wait for vendors to improve their EMRs. Third-party digital platforms like iVEDiX are available now. iVEDiX provides Clinician Rounding, an intuitive interface designed by clinicians for clinicians with visualizations to provide a 360-degree view of patients. Clinician Rounding transforms the physician experience through usability, rapid adoption, and mobile access. By providing a physician access to multiple EMRs from a single application, this improves care coordination and reduced hospital readmission. Don't wait for your vendor to address your EMR problems, contact iVEDiX today.