Getting Excited (Again) About Electronic Health Records as a Tool to Improve Patient and Family-Centered Care

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Do you wish your doctor spent less time on the computer while you're in the exam room? Admit it – you do. You're not alone. Your healthcare provider likely doesn't enjoy this either, and might even tell you that they didn't go into healthcare to sit facing away from patients, typing into an electronic form.

In a clinical environment where time is precious, poorly designed electronic health records (EHRs) can drive a wedge between providers and patients.

It wasn't supposed to be this way. When financial incentives for adopting EHRs became law in 2009, the incentives were pitched as a win-win – a way to reduce the amount of time clinicians spent on paperwork so that time could be spent on better quality care and efficient tracking of health measures. The incentives for adopting and "meaningfully using" EHRs were to usher in a long overdue modernization of the organization of health information, and serve as a platform for future reforms and innovations in patient safety and health care delivery systems. Five years later, many providers see EHRs as a burden, not a boon.

But it's too soon to write off EHRs entirely because the win-win has not yet been realized. Much of the time clinicians spend using EHRs with patients involves gathering and recording information from patients and their families. Often, information gathering crowds out conversations about what may matter most to families—their health-related preferences and goals.

Taking time to address preferences and goals is the cornerstone of clinician and family engagement in a shared decision making process. This process is important, because we know that when multiple treatment options exist for a diagnosis (e.g., asthma), tailoring treatment to patients' goals and preferences through shared decision making results in better decisions that may improve the patient's adherence to treatment and overall health outcomes.

For example, in a clinical visit involving a pediatric patient with asthma, one family might be most interested in addressing sleep problems related to asthma while another may be more focused on athletics. Families may also be avoiding using controller medication because of fears—such as side effects of inhaled steroid use—that may never be discussed at rushed office visits.

What if EHRs could effectively gather information from families before and between visits, giving the clinician better information before even walking into the exam room?

Researchers at PolicyLab, in collaboration with the Center for Biomedical Infomatics, and the American Academy of Pediatrics, are researching the effectiveness of integrating online data gathering and shared decision making tools (an extension of traditional "patient portals") for patients to share concerns and health information with their provider from home. We’re comparing different approaches to using patient portals and looking to find what works best for patients and their families, as well as healthcare providers.

In our patient portal, patients or family members enter health information and goals into the portal, which transmits the information to the clinician's office and alerts both the clinical team and family of any immediate concerns. The clinical team, including triage nurses or asthma care coordinators, can then use the information entered to provide better advice regarding when patients need to be seen and how their treatment should be adjusted. By knowing the family’s goals, the clinicians can also tailor treatment to help patients and parents achieve their target outcomes.

During office visits that at times may seem too focused on data entry, this approach can free both families and clinicians to focus on higher-level clinical decision making. While computers in doctor’s offices are probably here to stay, we are working to figure out how technology can improve the quality of care and patient and provider satisfaction so it’s a win-win for everyone.

Our recent article describing the development of the patient portal is available here. More details about the study are available on our project page, through this policy tool, and via this AAP News summary.

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