



What If We Had the Answers at Our Finger Tips

By Dr. Sunil Nihalani

To the frustration of many in the medical community, there is no guarantee that proven clinical innovations will get adopted by physicians in any meaningful time frame, if at all. Dr. Atul Gawande aptly observed this struggle in the history of medicine in his *New Yorker* piece, '[Slow Ideas.](#)' "Here we are in the first part of the twenty-first century, and we're still trying to figure out how to get ideas from the first part of the twentieth century to take root."

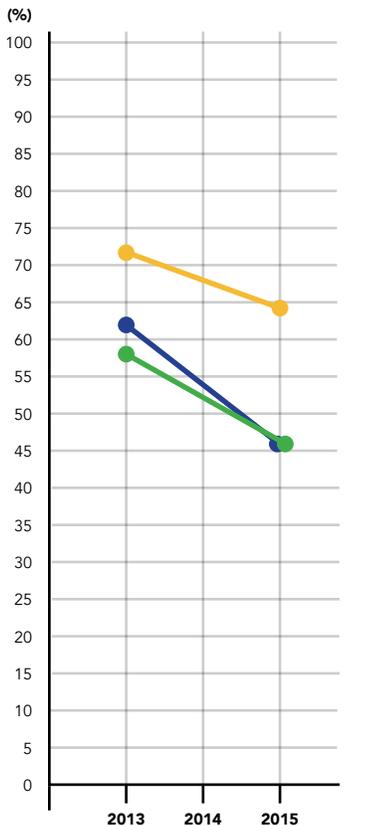
As the medical field looks to technology to deliver trusted best practices to physicians in a timely manner, Clinical Decision Support (CDS) solutions have emerged that offer evidence-based guidelines digitized, sortable, and easy to access and navigate. CDS solutions minimize risk of medical errors, [reduce diagnosis errors](#)—which can account for 10-30% of medical errors—give all caregivers consistent and credible information, improve efficiency through reducing unnecessary patient expenditures, and offer an updated, single source of truth for clinical best-practice information.

CDS offerings have brought a great deal of value to physicians and patients, however they still struggle for adoption. With limited time, busy physicians often find CDS alerts distracting and lacking full context. The challenge for the next wave of innovators will be to get CDS built into the physician's workflow and offer a deep analysis of the patient data that has been absent to date. Though unpopular, electronic health records (EHRs) are a necessary evil that could offer an informed CDS output, integrating relevant patient historical and encounter data. The happy of marriage of CDS and EHR information could form a truly powerful union, equipping physicians with complex, patient-specific, decision making as part of their patient-visit workflow. Consider what this would do for the waning reputation of the EHR.

A [study by Accenture](#) shows that in recent years the view of EHRs has deteriorated in the eyes of physicians. Physicians are not only frustrated by the way EHRs disrupt patient visits, but their lack of utility as well. The percentage of physicians who think EHRs have improved clinical decisions has dropped from 62% in 2012 to 46% in 2015. On the same note, 72% of physicians reported EHRs reduced medical errors in 2012, but three years later this number fell to 64%. And perhaps the most telling decline is the belief that EHRs improve

patient outcomes, with 58% believing in their efficacy in 2012 and only 46% in 2015. With such a reputation among physicians, it's not surprising that most EHRs are used primarily as documentation tools.

PHYSICIANS ON EHRs



Which brings us back to the question, could CDS solutions help bring more perceived value to EHRs in the future?

According to the head of the American Medical Association (AMA), enhancing the ability for EHRs to improve clinical care is vital. "Physicians believe it is a national imperative to reframe policy around the desired future capabilities of this technology and emphasize clinical care improvements as the primary focus," AMA President-Elect Steven J. Stack, MD, said in a news release.

Given the challenges of EHRs and perceptions of physicians, there is an opportunity for integrated CDS to make a profound difference in the utility of EHRs and their ability to improve quality of care. If CDS accessed patient data to help provide evidence-based recommendations at the point-of-care, they could truly improve both quality of care and outcomes.

EHRs could be profoundly improved if they offered CDS that:

- Pulls patient data from EHRs to make real-time, patient-specific recommendations triggered by the physician at the point-of-care
- Creates complex decision-making, calculating recommendations with specific patient data and the latest evidence-based guidelines
- Saves physicians time searching through thousands of new medical research articles published monthly
- Offers a more focused visit, allowing physicians to get the specific patient recommendation they need quickly

The potential of an EHR that delivers patient-specific care recommendation based on evidence-based best practices is a truly inspiring vision. When we consider how we could bring all the best practices of our time to a physician at the point of care, this contextual process through the EHR has the potential to truly improve the quality of patient care and outcomes.

Dr. Nihalani has been a practicing internist and gastroenterologist since 1999. He is the founder and CEO of Inferscience, a clinical recommendation solution integrated with EHRs to deliver patient-specific clinical guidance.