

The Problem With Health IT

**It will do great things – someday.
But what do you do until then?**

Bob Newbell's "Last Word" in this issue (see page 44) makes a point that may not need making to an audience of family physicians, but it's worth making anyway – if only for the benefit of any government functionaries who read *FPM*. Information technology can do wonderful things, but it is extremely complex. Even "simple" things, like the web-based spreadsheet described by Margolius and Ghaly in this issue (see page 27) and Epocrates, Newbell's example, rely on amazingly sophisticated technology. It's almost a miracle that they work so well.

When complex technology is applied to a *complex* task, like managing patients' medical records, chances are good that it just won't measure up to the demands of the task in every respect. This seems especially true today, when the marketplace is full of competing systems, most relatively new, each with its own shortcomings, and virtually all operating in their own little worlds, unable to connect with other systems except at great pain and expense.

Trouble arises when someone in a position of power who has only a 30,000-foot view of health IT identifies it as What Health Care Needs. That may well be the case. In fact, I'd bet that 10 years from now, or maybe 15, IT will be the circulatory system of health care and the information it carries will be the lifeblood of the whole health care system. That is, assuming that the whole thing doesn't implode between now and then.

But today's electronic health record systems (EHRs) are in many ways, awkward, ungainly, unsociable adolescents. They're moody, irritating and insatiable in their demands for money. They may do some chores for you, but only on their terms and often grudgingly. (By the way, if you'd like to tell your colleagues what life is like with your EHR, please take the brief *FPM* user-satisfaction survey at <http://www.aafp.org/fpm/ehrsurvey>.)

All that said, the government is probably right to offer incentives for the meaningful use of EHRs. Implementing an EHR these days is expensive and troublesome, and while it will bring benefits – lots of benefits in the long term, I believe – the intrinsic gains in the short term might not be enough to entice the large majority of practices to bite the bullet and submit to the pain involved.



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