

21st Century Medicine, 20th Century People

Bob Newbell, MD



Sometimes technology isn't the problem.

“I don’t know,” the patient told me.

His answer was curious given the question I’d just asked: “Does your phone have texting capability?” The gentleman was one of a number of patients who had become extremely difficult to contact, and I was looking for an alternative way to communicate with him. By the time of this visit, I had already placed a display in all of my exam rooms asking patients to be sure we had a reliable phone number in their charts so we could reach them. The problem of unanswered phones, unchecked messages, and voicemail boxes that were full or not even set up had gotten out of hand.

Patients aren’t the only ones who seem to have become more difficult to communicate with as technology has advanced. I have noticed a growing number of calls to my office about faxed or electronically transmitted prescriptions that drug stores and pharmacy benefit managers claimed they never received despite my office’s computer system confirming they had been sent successfully. On a few occasions I have even had to ask patients to switch to a different pharmacy because the problem became so bad. One diagnostic imaging facility has had recurrent problems with receiving faxes, even when the same order form has been faxed to them multiple times.

If these problems were limited to the annoyances listed above, that would be bad enough. They aren’t. A data entry error recently resulted in my electronic health record (EHR) incentive payment from Medicare being delayed. The error consisted of nothing more than my national provider identifier number being entered incorrectly. The solution, typing in the correct number and clicking save, required five seconds to implement. Still, I received my EHR incentive payment nine months late.

Of course, sometimes our poor use of technology is

About the Author

Dr. Newbell is in private practice at Hazel Green Family Practice in Hazel Green, Ala. Author disclosure: no relevant financial affiliations disclosed.

unavoidable because the technology itself is awful. One example involves an ongoing class-action lawsuit filed against a particular EHR company. The suit alleges that the EHR program proved to be so dysfunctional that it failed to meet government requirements for EHR incentive payment eligibility and cost practices that had adopted the software significant revenue losses.

Perhaps the best-known example is HealthCare.gov. The technological centerpiece of the Patient Protection and Affordable Care Act simply didn’t work when it first went online – and for several weeks thereafter.

But even when technology works as it should, a substantial subset of participants in the health care system are tremendously ill-suited for it. I’ve been known to create macros (i.e., shortcuts) for the computer applications I use in my practice, and I’ve written a few pieces of script for my office’s server. On the other hand, I’ve also gotten a call from an employee after a power failure asking me how to turn on her computer. That’s the magnitude of the difference in health IT proficiency that we are facing.

I sometimes get the impression that many of today’s patients, medical and pharmacy personnel, government health officials, and even health IT software designers are time travelers who have journeyed from the past, uncertain what to make of early 21st century technology.

It seems strange in the age of Amazon, Facebook, and Google to be unable to contact patients electronically with test results, to still be using fax machines, and to have a website with a fairly narrow set of technological objectives fail so spectacularly.

We’ve upgraded hardware, software, and communication networks. But we haven’t upgraded the people. **FPM**

WE WANT TO HEAR FROM YOU

The opinions expressed here do not necessarily represent those of *FPM* or our publisher, the American Academy of Family Physicians. We encourage you to share your views. Send comments to fpmedit@aafp.org, or add your comments to the article at <http://www.aafp.org/fpm/2015/0300/p40.html>.