Commentary

Patient-centered Care and Electronic Health Records: It's Still About the Relationship

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Two of the most important developments in ambulatory practice over the past 20 years are the advent of patient and relationship-centered care (PRCC) and electronic health records (EHRs). However, there is a large gap in knowledge and practice between PRCC and EHR use. We believe the integration of PRCC with EHRs has the potential to personalize care, improve population-based care, and increase patient involvement. To accomplish this, advanced practitioners from both computer- and communication-centric disciplines must work together to establish systems that work synergistically. Research examining how outstanding clinicians use EHRs is essential to establish best practice models of use. As well, clinicians must examine how they use EHRs in their communication with patients, become aware of when the EHR hinders the human connection and when it enhances it, and develop a repertoire for using it simultaneously with PRCC.

(Fam Med 2010;42(5):364-6.)

Two of the most important developments in ambulatory practice over the past 20 years are the advent of patient and relationship-centered care (PRCC) and electronic health records (EHRs). PRCC focuses on communication among patient, families, and physicians.[1,2] EHRs use information technology to manage, store, and instantly make available clinical information.[3] These two approaches have rapidly become parts of the medical lexicon and have been characterized by two recent Institute of Medicine reports as standards of high-quality care.[4,5]

The literature is replete with studies that demonstrate the benefits of PRCC and EHRs in ambulatory care. For example, patient-centered partnerships have been shown to lead to better adherence with treatment plans. The richer, deeper relationships that this communication style engenders can also improve treatment outcomes and promote satisfaction with care.[6] As well, by attending to the social and cultural contexts of patients' lives, the use of PRCC can enhance continuity of care.[7]

EHRs offer improved access to clinical data and the opportunity to more readily practice population-based medicine. They can help decrease medical errors.[8] Electronic reminders assist physicians in meeting evidence-based medicine care standards. EHRs also improve the coordination of care as patients move from inpatient to outpatient settings and transition back and forth between subspecialist and primary care offices.[9]

Given these advances, remarkably little is known about how PRCC and EHRs influence one another in the daily practice of medicine. Many questions exist. How will physicians already in practice integrate recommended PRCC and EHR practices into their existing approaches to conducting medical interviews? Similarly, how will new generations of computer-literate physicians practice medicine once exposed to the principles of PRCC? How, if at all, will PRCC and EHRs help physicians attend to the physical, emotional, and social needs of patients, efficiently and effectively, especially during the phase-in of these skill sets? With ever-increasing pressures on productivity, can we really expect physicians to value their patients' illness experiences over documenting in the EHR what is

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billable? Can the separate intellectual traditions from which PRCC and EHRs arose become unified for the benefit of patients?

The true intersection of PRCC and EHRs can be found in the moment-by-moment dynamics of communication that take place when physicians and patients encounter one another in the exam room. The interaction of these two modalities offers researchers a new dimension of the physician-patient relationship to study, one that will require new types of evidence. What is needed, and what has begun to emerge, are studies that use direct observational methods to study how physicians interact face to face when exam room information technology is used. From our work in independent studies examining the use of EHRs in the examination room,[10-12] we offer the following perspectives:

- Relatively few physicians use the EHR to enrich the relational aspects of patient visits.
- EHRs are used predominantly to transfer and manage information, deposit and retrieve data, access medical records across boundaries of time and space (from clinic to hospital and home), encourage evidence-based medicine through clinical reminders, and manage pharmacy and laboratory data.
- Physicians with good baseline communication skills tend to integrate exam room computing into their relationships with patients whereas physicians with poor baseline skills tend to create communication barriers when using computers in the exam room.
- There is little guidance for physicians in how to optimize exam room computer use in building relationships with patients and even less from the patient's perspective on what constitutes appropriate use.

In summary, there is a large gap in knowledge and practice between PRCC and EHR use. There is evidence that physicians who attempt to be patient centered often do not use the EHR in the exam room at all; rather, they use paper workarounds to manage and maintain meaningful relationships with their patients.[13] While this practice may feed PRCC, it also runs the risk of missing or ignoring clinical reminders, important pharmacy information, and other alerts. Similarly, physicians who attend assiduously to the EHR may run the risk of missing important clues to diagnosis, treatment, and management that patients exhibit in their verbal and nonverbal behavior. It is this push-pull relationship that we suggest is critical to understand in the interface between PRCC and the EHR.

We believe that there is a great potential for PRCC and the EHR to become synergistic, adding to one another rather than being in a zero sum relationship. This will require, first, that physicians recognize the EHR as a third party in the examination room and acknowledge that, as such, it influences the relational dimensions of clinical interactions.[12,14] The EHR has its own separate identity in the encounter, and both physicians and patients project their own beliefs about the EHR's capacity and power to this identity.[12]

Bridging the gap will also require that physicians create novel ways to use the EHR both in and out of the examination room. Examples include sharing the computer screen with patients during their visits, using it as a visual aid, and managing population-based decisions noncontemporaneously with office visits.[15] It will require that physicians understand how their notes can be used not as simply "cookie-cutter" replicas of patient encounters but can offer patients both educational and relational tools to enhance their care.

The integration of PRCC with EHRs has the potential to personalize care, improve population-based care, and increase patient involvement. To accomplish this, we believe that advanced practitioners from both "disciplines"—the computer- and communication-centric—must sit down together to examine the strengths and weaknesses of each paradigm and work to establish systems that integrate the best of both worlds. We believe that research to examine how outstanding clinicians use EHRs and the subsequent dissemination of these results is essential, as physicians adapting to both PRCC and EHRs need guidance and encouragement in best practices. Further, we believe that practitioners must not simply add on EHRs and assume that the computer is a neutral participant in the examination room but become aware of the multiple implications EHRs place on their relationships with patients.

While the EHR can do many things, and may have the potential to improve the systemic aspects of ambulatory medical care, it cannot and will never be able to look a patient in the eye, listen to a patient, or touch a patient. It cannot and will never be able to provide empathy, develop a healing relationship, or offer the personal qualities of care that physicians, as human beings, bring to their encounters with patients.

Incumbent on all clinicians as they work to integrate the EHR into medical practice is the need to recognize how they use this tool in their communication with patients, to be aware of when it hinders the human connection and when it enhances it, and to develop a repertoire for using it simultaneously with PRCC. Only in this way will they be able to fulfill the promise that EHRs bring to medicine, integrating at once both systemic and human dimensions of care, and thereby truly transform the process by which physicians attend to their patients.

Acknowledgments: Dr Ventres received funding from the Joint AAFP/F-AAFP Grant Awards Program, American Academy of Family Physicians, and the Center for Outcomes Research and Education, Providence Health System of Oregon. Dr Frankel received funding from the Garfield Fund, Clinician-Patient Communication Initiative, Kaiser Permanente.

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