

LETTERS

Electronic Health Records and the Increasing Complexity of Medical Practice

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To the Editors:—In a recent Editorial and Comment, Drs. Mishuris and Linder reflected on the role of electronic health records (EHRs) in health care.¹ They correctly asserted that usage of EHRs will become the standard of care and that it will be important to understand the outcomes of different patterns of EHR usage. However, EHRs are only now being widely adopted, and their effects on quality and cost still need to be measured. As the country is spending approximately \$20 billion on incentives for EHRs,² careful investigation of the intended and unintended consequences of this unprecedented policy is critically important.

The history of medicine is full of examples of medications, procedures, and devices that were thought to be effective and disseminated widely, but then discovered to have no effect or actually harm patients with resultant withdrawal from the market. Thus, technologies that have been disseminated into practice must still be studied. In fact, we believe that they need to be studied most urgently.

In evaluating the effects of any technology, the natural comparison is to the standard of care, which in this case currently is paper medical records. Many physicians may never adopt EHRs as they may not qualify or may opt out of the government's incentive programs, giving the comparison to paper ongoing relevance. Once EHR use becomes more widespread, the next generation of studies should

indeed compare different technologies or different ways of using the same technology. It should be noted that the types of data that are needed for these evaluations are difficult to obtain, in part because EHRs have been designed for clinical care and not for research. We heartily endorse future comparative effectiveness studies of different technologies and different technology-enabled changes to health-care delivery.³

As the urgency of our health care crisis compels us to move forward with untested innovations in health-care delivery, including those enabled by health information technology, we find ourselves in a situation in which at least some evaluation will inevitably follow diffusion. We still need to measure the effects of these innovations, including their unintended effects. Our country can't afford not to.

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