

**Commentary:
“Health Information Technology”**

David Blumenthal, MD, MPP
Institute for Health Policy
Massachusetts General Hospital
Boston, Ma

The United Health Group Foundation and the British Medical Journal are providing a huge service to the cause of promoting evidence-based medicine by distributing this volume. In so doing, however, they are also underlining a central dilemma facing the sponsors of *Clinical Evidence* and the science and practice of medicine.

Its practitioners are human. They have limited time, limited mental capacity and energy, and face unlimited expectations in a world that moves ever faster, demands ever more productivity and ever more precision, and is increasingly intolerant of such human foibles as forgetfulness and error. The contents of *Clinical Evidence* provide the key to improving many medical decisions. The problem is that physicians often lack the resources to turn that key. The medical profession is badly in need of assistance in dealing with pressures to absorb the evidence base of medicine and to use it quickly and correctly in the myriad decisions that physicians must make over the course of a day or a week.

Right now, only one truly important innovation offers real promise in this regard. That is information technology. The promise of health information technology (HIT), of course, is that it has the potential to make the vast information base of medicine available to practitioners in real time – to provide so-called “decision support” that offers physicians precisely the help they need exactly when they need it. Nevertheless, despite the growing numbers of physician converts to the purported wonders of health information technology, many physicians remain ambivalent toward it or even frankly hostile. As of 2002-2003, surveys showed that perhaps 25 percent of physicians used electronic medical records in some form, and perhaps 10 percent used HIT to help them in disease management. These numbers are increasing, but at rates much slower than advocates and policy-makers would like.

A number of factors explain physicians’ reluctance to plunge into the IT world. Especially for solo-practitioners and small groups, the cost of acquiring and maintaining the hardware and software is intimidating. Physicians are afraid that whatever they buy, it won’t live up to its promise and will be outdated before they even unpack it. They fear the productivity hit that accompanies installing it. They fear that the real beneficiaries of any resulting efficiencies will be insurance companies and employers, and that their treadmill will just be expected to run faster.

In my view, all these issues are ultimately manageable with money, through negotiations between professionals and payers, and with inevitable improvements in the technology. But there is another concern that lurks behind these practical problems and that will be more challenging to resolve, in part because physicians must do it themselves. This is the problem of how IT will change the role and status of doctors as professionals.

The prestige and value of a professional rests in her unique competence – her ability to make a difference in ways that others cannot. Traditionally, physicians have located that unique competence in their brains and their hands, what they know and what they do with it. If everything they need to know is on the computer, part of their unique competence – the

knowledge part – is open to question. In 50 years, will doctors really “know” anything? Will they have any competence when separated from whatever omnipotent knowledge machine the computer engineers have by then created? For that matter, why won’t patients be able to find on-line everything they need to know (and once learned from their physicians)?

The answers to these questions are not simple, but neither should they be the least bit discouraging to doctors. New roles await the medical profession, and they will be just as exciting and important as the old ones. Of course, procedural physicians will continue to use their hands, eyes and heads to invade therapeutically the bodies of ailing humans, just as they do now. But physicians who earn their keep using their cognitive skills – through diagnosis and medical therapy – will have to become the equivalent of medical informaticians. It will be their unique task to apply, one patient at a time, the almost infinite knowledge base and the innumerable decision tools available on line. It will also be their task to combine that information with data that is much more difficult to capture effectively in bits and bytes: the patient’s physical appearance and exam, their social needs and personal desires, and their wishes for a helping *human* hand during times of stress and suffering.

Thanks to BMJ and United Health Group for this volume on evidence based medicine. I look forward to not needing it, but instead, to finding its materials incorporated seamlessly into the electronic information systems that serve me in my daily work.

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