



**John Hickner, MD, MSc**  
Editor-in-Chief

## Seeing eye to eye

**I**t seems like every time I ask a family physician how things are going, the electronic medical record (EMR) inevitably rears its ugly face. At the annual Illinois Academy of Family Physicians business meeting last month, one of the physicians lamented the evenings he spends finishing his charting. A family physician I consider a master user of EMRs e-mailed me recently, saying he is fed up with documentation expectations for coding, billing, meaningful use, and quality measures. He wrote, "We are challenged by good intentions but crushingly poor execution ... and it is taking its toll."

At the 2015 American Academy of Family Physicians Family Medicine Expo, keynote speaker, general internist, and bestselling author Abraham Verghese, MD, talked about the "iPatient." He said, "The patient in the bed has become a mere icon for the 'real patient' who is in the computer. The iPatient is getting wonderful care all across America. The real patient is wondering where the heck is everyone and when are they going to tell me what is going on."

**Patients want to engage in a face-to-face conversation, not face-to-back or face-to-side-of-head.**

He had received this comment from a patient: "When I go to my doctor's office, I have to remind him that I am hard of hearing and need him to look at me when I talk. But it only lasts about 30 seconds until he needs to shift back to the competing screen."

Patients don't like us attending to the screen instead of to them. The observational study of 126 primary care encounters by Farber et al in this issue supports this assertion (see page 687). Although Farber et al found that patients' satisfaction with their primary care physician or nurse practitioner was high overall, patients were even more satisfied with their office visit when the clinician spent more time looking at them. Patients want to engage in a face-to-face conversation, not face-to-back or face-to-side-of-head.

Until clever innovators figure out a much better way to document patient visits, there are ways to overcome this patient-physician-computer screen triangle. Take my optometrist, for example. He opens my EMR at the beginning of the visit to take a quick look, but doesn't return to the computer until the end of the visit. When he does the charting, he excuses himself and says, "I need to enter some information in the computer. It will take me a few minutes." I pull out my cell phone to check e-mails while he types.

I follow his example, and patients regularly thank me for truly listening to them.

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