

## Introduction of computerized medical records. A survey of primary physicians

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**Abstract:** The purpose of the study was to survey primary physicians about the possible impact of computerized medical records on clinical practice. **Methods and design:** 236 primary care physicians from the Negev health district in Israel, attending a course prior to installation of computerized record keeping, were given two open-ended questions together with a twenty-four statement attitude questionnaire using a five point Likert scale. **Results:** The beliefs of physicians highlighted the potential that computerized charts can help with office work, prevent loss of information, and facilitate communication between medical staff. On the other hand, the survey indicated that physicians felt its application was not universal and were uncomfortable with the fact that its use is mandatory. There were major concerns relating to how the medical record was displayed, anticipated increase in workload, and presumed extra time needed for data entry. **Conclusions:** Most of the physicians surveyed were positive regarding the help that computerized medical records could provide. They were, nevertheless, concerned with the burden of change and adaptation of new technology and software design to clinical practice and its affect on communication.

**Keywords:** computerized records, physician attitude, patient-physician relationship, Israel

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### INTRODUCTION

Over the last three decades, computerized medical records (CMR) have been introduced as an alternative to paper records; but, there have been concerns about the effects of CMR on doctor/patient communication and relationships. CMR is often viewed as a competitor for the attention and concentration of the physician and there has also been reluctance due to feelings that CMR could generate extra work and "dehumanize" clinical interaction. The use of CMR is associated with changes in the physicians' information gathering and reasoning stratagems (1). It is obvious

that physicians find it difficult to focus their attention on other aspects of patient communication beyond that of the task of information gathering (2).

In operating CMR, Fitter *et al* (3,4) described three strategies of CMR usage by physicians while in the presence of patients. These are: minimum use, "conversational-maximal" use, and intermediate use. The major conclusions of their study were that CMR is formalizing the consultation; and, physicians need to develop new skills in order to interact with patients and the computer simultaneously. Valenta *et al* (5) identified four different profiles for the