Computer Use LInked to Patient Satisfaction

A new study appearing in *JAMA Internal Medicine* indicates that high computer use by clinicians in safety-net hospital clinics is associated with lower patient satisfaction. The observational study was conducted over two years at an academically affiliated public hospital with a basic electronic health record.

Safety-net clinics cater for populations with limited health literacy and limited proficiency in English who experience communication barriers that can contribute to disparities in care and health. The implementation of electronic health records in safety-net clinics may affect communication between patients and healthcare providers.

To learn more, Neda Ratanawongsa, MD, MPH, of the University of California, San Francisco, and co-authors looked at clinician computer use and communication with patients with chronic disease in safety-net clinics. The public hospital, where the study was conducted, used a basic electronic health record for reviewing test results, tracking healthcare maintenance, prescribing medications, and referring patients. Some clinics (internal medicine and diabetes) required typed visit documentation, which was optional in other clinics (family medicine, cardiology, and rheumatology).

See Also: Study: Do EHRs Affect Workflow in the ER?

The study included 47 adult patients who spoke English or Spanish and received primary and subspecialty care. The researchers recorded 71 encounters among 47 patients and 39 clinicians. Compared with patients in clinical encounters with low computer use, patients who had clinical encounters with high computer use were less likely to rate their care as excellent (12 of 25 patients [48 percent] vs. 16 of 19 [83 percent] patients). In addition, clinicians in encounters with high computer use also engaged in more negative rapport building, according to the results.

"High computer use by clinicians in safety-net clinics was associated with lower patient satisfaction and observable communication differences. Although social rapport building can build trust and satisfaction, concurrent computer use may inhibit authentic engagement, and multitasking clinicians may miss openings for deeper connection with their patients," the authors conclude.

In a linked commentary, Richard M. Frankel, PhD, of the Indiana University School of Medicine, Indianapolis, writes: "The study by Ratanawongsa et al. reminds us that our most vulnerable patients may be at even greater risk than others when a disproportionate amount of a physician's time is spent interacting with the computer screen and not with the patient. It is said that technology is neither good nor bad, but it is not neutral. Our challenge is to find the best ways to incorporate computers in the examination room without losing the heart and soul of medicine: the physician-patient relationship."

Source: JAMA
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