Predictably the implementation of EHRs has been fraught with challenges and has been a major factor in what we now know as physician burnout. This has been rightly characterized as a public health crisis.

Ehrs should have been designed to “unburden” the provider while making care safer, cheaper, and more reliable for the patient; but that unburdening was never their intent, and the “meaningful use” program never viewed that as an important construct to embrace and measure.

To accomplish their potential

* They must be relatively easy to use, intuitive and formatted consistently one product to another such that a provider can move from one to another while maintaining comfort using the tool.
* They should facilitate the efficiency of providers and lessen their administrative burdens so that those providers can minister to more patients as we see upcoming shortages looming in health care worker ranks
* They need to have data available through cheap and easy interfacing to allow for confidence that all relevant patient data is there in front of them
* They should allow for a human interface that facilitates the interpersonal communication so essential to the practice of medicine and not be allowed to interfere with the physician patient relationship by distracting or degrading a human to human interaction (the soul of medicine)
* They should provide accurate, timely decision support capabilities for any decisions a provider might make, but particularly those decisions that have substantive evidential support
* They should recognize that different clinical specialties are very different one to the other. A standard model for all or most specialties is a recipe for marginal utility for most (one size fits none )
* They should be easily and cheaply upgraded to give enhanced capabilities over time and to keep up with changes in the practice of medicine
* They should be priced much more reasonably so as not to continue to drive up the cost of providing health care. Why are we willing to accept a 10 fold price increase for products just because they are being used in health care (recall, if you are old enough, the old debates over the cost of a Waring blender for personal kitchen use versus one for medical use)

How to accomplish this? I don’t know but I remind you we put men on the moon 50 years ago and, recently, a gizmo on mars to take samples and pictures and allow us to listen to the Martian wind. Seems to me this should be doable particularly with 3+trillion dollars in play