

Chapter 19

Physician Engagement With Health Information Technology: Implications for Practice and Professionalism

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ABSTRACT

In an era of healthcare reform and health information technology (HIT), physicians' roles in delivering healthcare are rapidly involving. New technologies present exciting opportunities and challenges to physicians to enhance medical practice, reduce costs, and improve patient experiences, as well as opportunities to develop new competencies and standards of professionalism. The Dreyfus model for skills acquisition may provide a helpful framework. Understanding and leveraging motivations and barriers to adoption within the context of competency can promote a learning culture that can more readily evolve to include new HIT. Involving physicians in designing and implementing HIT systems could result in increasing physician satisfaction. Supportive staffing and technical assistance may aid physicians to successfully implement the systems without increasing workload or decreasing professional satisfaction. Understanding the needs of 21st century physicians related to HIT solutions should greatly increase the successful integration of HIT into the 21st century healthcare work place.

INTRODUCTION

The role of physicians in the delivery of healthcare has continued to evolve over the past fifty years. During this period, a growing divergence of professionalism and personal expectations has occurred for physicians often resulting in their inability to meet them. A variety of factors have encroached on physician autonomy, which has long been the ascendant professional value of physicians. The previous five to seven years have seen a significant shift in practice requirements in the US healthcare system. Health information technology (HIT) has greatly expanded and been at the foundation of the health reforms enacted over the previous several years. While this initially began with the Health Insurance Portability and Accountability Act (HIPAA, 1996), the Health Information Technology for Economic and Clinical Health (HITECH, 2009) provisions of the 2009 American Recovery and Reinvestment Act (ARRA) were a major catalyst to systemic shifts related to HIT and served as a foundation for many of the reforms outlined in the Patient Protection and Affordable Care Act enacted a year later (ACA, 2010). Collectively, these healthcare reform acts sought to restructure healthcare delivery with improved quality, efficiency, patient-centered care, care integration and coordination, access and affordability of care, and population health as primary motivations for the reforms (Buntin, Jain, & Blumenthal, 2010; Kocher, Emanuel, & DeParle, 2010; Blumenthal, 2009; Blumenthal, 2011a; Blumenthal, 2011b).

As the underlying and practical realities of healthcare systems have changed, the professional values and practices of physicians have failed to adapt in a corresponding manner. The development of HIT and its application in the practice of medicine both within institutions and in the physician office setting may be seen as a major component in the changing medical practice environment. A “professionalism gap” may be present leading to physician dissatisfaction with professional life, of which the use of HIT may be representative. As such, the profession may be better served by developing a new values framework that conforms to the 21st century healthcare system. To do so will require the forgoing of the 20th century’s preferred “independent physician” model in favor of a new professional structure based on teamwork and collaboration. The use (or lack thereof) of HIT both in institutions and in the office setting may be indicative of the quandary in which physicians find themselves as their professional values move from being individual based to being formed through teamwork and collaboration. Convincing established physicians to embrace such a model may be difficult, but opportunities exist for significant progress among a new generation of physicians accustomed to 21st century practice models and HIT.

PROFESSIONAL COMPETENCE

Competence is a core component of every profession, including medicine. Professional competence may be defined as “the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served” (Epstein & Hundert, 2002). In the practice of medicine these authors find that acquiring and using knowledge in the practice of medicine, integrating biomedical and psycho-social data, and relating through communicating effectively are important concomitants in the professional practice of medicine. They point out that competence is based on tacit knowledge, which they define as “that which we know but normally do not explain easily, including the informed use of heuristics (rules

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