

Mobile technology: A blessing or a curse for doctors?

By Laurie Budgar | Published Monday 3 July 2017

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It is the double-edged sword of the modern era: the mobile technology available to healthcare providers today can help them to swiftly slash through many of their daily tasks, from documentation to direct patient care. For that reason, smartphones now go hand in hand with stethoscopes.

But those same devices can also be a source of incessant demands, beeping and buzzing with every update.

However, Bryan Vartabedian, M.D., wields that double-edged sword like a medical swashbuckler. As the director of community medicine for the Division of Gastroenterology, Hepatology and Nutrition for Texas Children's Hospital in Houston - America's largest children's hospital - Dr. Vartabedian finds technology so critical to successful medicine that he writes a blog about healthcare and digital culture.



Mobile technology is becoming increasingly ingrained in modern medicine.

Where does Dr. Vartabedian see cutting-edge technology trends in his practice? Has technology really made his patients smarter? And how does he manage his patients' expectation of him being available 24 hours per day, 7 days per week?

Medical News Today spoke to Dr. Vartabedian to find out.

Mobile technology

Most physicians use at least some form of technology - albeit sometimes reluctantly. Despite their mandatory introduction in the United States in 2014, a *Physicians Practice technology survey* found that only 59 percent of doctors say that electronic medical records (EMR) have been fully rolled out in their offices, and 20 percent cited the EMR as their greatest technology challenge.

Dr. Vartabedian said the EMR that his hospital uses, called Epic, has been transformational.

Paired with another smartphone app, called Canto, Dr. Vartabedian has almost full access to all his patient records, scheduling, and more. He can even take a photo of a rash or other clinical condition with his smartphone, "and it goes straight into the EMR," he said.

"For simple things like signing off on patient records, I can do that with a device in my right hand. I can see an order sent by my nurse and sign it."

"The ability to connect independent of my clinical space is revolutionary," he added, noting that such conveniences did not exist even 3 or 4 years ago.

That may be why only around 45 percent of the physicians in the survey said that they use their smartphones in the performance of their job. The technology simply has not reached them yet.

In fact, Dr. Vartabedian said he only turned in his pager a few months ago. In its place now is a HIPAA-compliant messaging app called Spok.

"So many of the most critical issues in healthcare center around clear and concise communication," he explained. "Take a typical complicated patient in a tertiary-care center

who has multiple providers. Clear, concise communication about that patient can be lifesaving."

And this app, he said, allows him to securely text message other providers about that patient. He acknowledges that some physicians still use their phones' native text messaging apps to communicate.

"But those messages live on servers that are not privacy-protected." As a result, he predicts that more proprietary messaging apps, with even more features, will become common among healthcare providers.

Even during patient interactions, mobile technology can be very useful, Dr. Vartabedian says. "Having immediate access to the Internet in an exam room is quite helpful in circumstances where I need an immediate reference."

In fact, that's one of the most common uses of mobile technology, according to the *Physician Practice survey*: 86 percent of respondents said that they use it to look up drug information and more than 75 percent said that they use it to look up diagnosis and treatment information for specific conditions.

But using it mindfully is important. "One of the big complaints we hear is, 'The doctor stares at the computer the whole time and never looked at me,'" Dr. Vartabedian explained.

So he lets his patients know that he's going to interact with the EMR on the computer for the first 10 minutes or so while he retrieves necessary data. "Then I pull away from the computer and interact solely with the patient."

Sometimes, though, technology actually helps to improve the rapport between doctor and patient. Dr. Vartabedian has another app on his phone, called Epocrates, which helps to identify medications.

"So if I ask a patient what they're taking and they're unsure, I show them the pictures [of the pills at various dosages] and they say, 'It's that one.' That makes the patient feel I'm doing something personal for them. It can be a powerful tool."

A blessing and a curse

Even as a fan of mobile technology in the medical setting - Dr. Vartabedian estimated that spends 40 to 50 percent of his day outside of direct patient care interacting with technology he acknowledged that it has its downsides.

For example, patients have more ways than ever before to interact with their physicians.

"That Epic app has a feature called My Chart, so patients can message us," he explained.

"And as a heavy Twitter user, I'm more and more available. If you go back 25 years, the only place you could have access to your doctor was in the exam room. Now we have all these social media," which he said create an illusion of immediate access at almost any time.

With that comes a new set of expectations from patients, however - including immediate answers.

"If I'm [with patients], I may not get messages until 5 p.m.," Dr. Vartabedian said. "Improved access is both a blessing and a curse." He tries to manage expectations by telling people upfront that if they message him, he'll get back to them by the end of the day.

It's getting harder and harder to break away from patient connection. [...] You have to be very disciplined to decide when you're on and when you're off. It's like a time creep. I'm very careful to partition my time when I'm not on call."

– Bryan Vartabedian, M.D.

The empowered patient

It's not just physicians who are bringing technology into the medical setting, of course. For example, many people now take advantage of wearables or even genetic testing.

Problems can occur, Dr. Vartabedian said, when patients bring in data from this consumer technology to a medical appointment and expect an analysis and recommendation based on the data.

"Most doctors aren't prepared or trained to do the counseling for a personalized genomic screening," he said. Even with something as seemingly simple as sleep statistics, he said, analyzing it can take a considerable amount of time - certainly more than a regular appointment slot.

So far, these types of scenarios are uncommon, but Dr. Vartabedian predicted that as medicine becomes more personalized, such requests will occur more frequently.

"It's going to provide a point of tension between doctor and patient," he said, unless patients understand, upfront, that it is not within the purview of their healthcare provider to help them to deal with their personal technology.

"I think there needs to be an intermediary who helps interpret these things," he added, explaining that in the case of genetic technology, some vendors are offering free genetic counseling to help patients to understand their results.

Still, technology has evolved to allow patients to become more involved in their own care, an empowering experience for many. For the past 15 or 20 years, patients have increasingly looked to the Internet to address their healthcare concerns. Is consulting with "Dr. Google" creating problems for those with actual medical degrees?

Not according to Dr. Vartabedian. "Information is good for patients, and they're smarter in assessing it than we often give them credit for," he said.

"They have a healthier relationship with online information than they used to. My smart patients are pretty good at parsing out what they get from me versus other sources."

Perhaps one of the most controversial aspects of increased patient involvement, though, is the rising popularity of websites that purport to "grade" physicians, and whether they're relevant.

"It's tricky," said Dr. Vartabedian. "Perhaps a more important question is, do patients find them helpful?" Studies have shown that such reviews tend to focus on more trivial matters, like t

appearance of the office, he said. "I'm afraid they might not offer insights to things that are more important."

And in fact, a study recently published in *JAMA*, which reviewed 28 commercial physician-rating websites, found that search mechanisms were "cumbersome" - generally not allowing users to search by criteria such as clinical condition - and that reviews of specific physician were spotty.

"One third of sampled physicians did not have a review on any site," according to the study.

"The reality is, though, that [these sites] are now part of the public conversation," Dr. Vartabedian said. "Physicians may get perturbed or upset by a negative review. But patients are talking about it. We have to be providing excellent care that results in excellent reviews."

Predicting the future

According to Dr. Vartabedian, technology in healthcare is not going away; rather, he expects it to become even more common.

"Increasingly, a lot of what doctors used to do with their eyes, ears, and hands is being outsourced to technology," he says. For example, computed tomography scans and MRIs help to pinpoint problems before a physical exam is ever conducted.

A child who presents to the emergency room with abdominal pain can be diagnosed with appendicitis by a nurse practitioner or physician's assistant much more quickly and effectively, and they can be prepped for surgery before the physician even arrives.

And as consumers embrace ever more technology, they will have the capacity to learn and more on their own - especially as the software gets better at helping people to interpret their own data. This may contribute to an increased role for advanced practitioners, or even for health coaches.

Certainly there are drawbacks to technology in medicine, but Dr. Vartabedian believes that the benefits largely outweigh the risks. "The future is inevitable," he said.



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