LETTER FROM THE EDITOR

In this issue, we continue to examine emerging trends in medical practice that will impact new graduates of residency training programs. Undoubtedly, one of the most visible trends of recent years is the increasing reliance on computers and other electronic devices that can put essential information literally at the physician’s fingertips. Information management is no longer a matter of choice but of necessity. Physicians and health systems cannot deliver care that is safe, efficient, appropriate to the patient, and based on the best available evidence if the right information is not available at the time and place it is needed. Even if it were reasonable to expect physicians and care teams to have all relevant patient-specific information at hand, it is not ideal for them to try to make evidence-based, cost-effective, and appropriate care decisions without the help of a dependable information management tool.

Although the use of these tools has expanded rapidly in some patient care settings, the medical profession as a whole has not fully recognized what information technology means for health care, let alone taken full advantage of it. Two articles in this issue address information technology resources whose value is only beginning to be appreciated in practice. Drs. Moore and Slater (see page 13) offer a glimpse of what physicians and health systems might accomplish using computerized patient records (CPRs) to support outpatient care. CPRs have the potential to help providers address many of problems currently plaguing health care by making patient-specific information available at the critical moment when it can make a difference. Despite the many advantages of CPRs, there is a reluctance to adopt this technology in private practice. In the physician organization in which I work, only a handful of participating physicians have incorporated CPRs into their daily practice, even though many regularly use computers for billing purposes and Internet access.

Drs. Zaroukian and Sousa (see page 33) similarly explore how residency programs might harness the expanding capabilities of handheld computing devices to improve patient care within their programs while teaching residents information management skills that are becoming so important in practice. Like the CPR, the personal digital assistant (PDA) can lead to improved clinical care by making critical information readily available at the point of service. Walking through the halls of Lenox Hill Hospital, it is clear that these information-loaded devices have replaced the papers and textbooks that residents once carried in their white coats. I often notice residents accessing clinical pathways, researching clinical questions, or checking medication side effects on their PDAs. As part of a Robert Wood Johnson Foundation Training Grant awarded to the internal medicine training program at our hospital, residents created clinical pathways for several high-volume diagnoses and imported them to their PDAs.

Although not focused on information technology, the opening article in this issue does demonstrate the importance of being able to quickly access critical evidence from the literature so it may be appropriately applied to patient care decisions. Dr. Adler and colleagues (see page 5) examine how to integrate evidence when faced with a diagnostic dilemma. The authors use a case of an elderly patient who presents to the emergency department (ED) with shortness of breath to walk the reader through the steps involved in evaluating a new laboratory test recently described in the literature as helpful in diagnosing heart failure in patients presenting to the ED.

We hope you find this issue of Seminars in Medical Practice useful in highlighting aspects of information management and evidence-based medicine that are important for effective practice today. We welcome your feedback.

Alan B. Bernstein, MD, MPH, FAAP