Copy, Paste, and Cloned Electronic Records

To the Editor:

We read with great interest and appreciation the article by Weis and Levy\(^1\) and the editorial by Koppel\(^2\) in a recent issue of CHEST (March 2014). If we may make additional observations about the day-to-day review of records from those of us that perform health information reviews, there are more problems. One of us is on the faculty at National Jewish Health and consults on many out-of-state patients. The number of records brought has significantly risen over time. One such patient arrived with 4,000 pages (electronically counted) for their consult. Where does the physician begin? With the patient and not with the too numerous records! It is very difficult to perform complex consultations buried in records of which only a few pages are actually helpful.

Both of us are consultants for the State of Colorado Disability Determination Services, and we peruse records from 30 to 5,000 pages per case. The massive increase in generated records over the past few years has contributed to slowing of the review and adjudication process. A single office visit may extend over five pages of records, of which only two sentences are different from the report of prior visits and no additional assessment or plans are recorded. The cut and paste of detailed physical examinations, often of body parts not relevant to the visit, cast doubt on the validity of any recorded physical findings. Often, there are contradictory statements within the same physical examination, making it difficult to know which is correct. A diagnosis, once considered, is propagated endlessly on the often cut and pasted but never edited problem list, even after it is discarded. It is often difficult to find the trees of useful information in the forest of cut and paste. This unintentional slowdown increases taxpayer costs and the time that severely disabled people must wait for disability payments. We applaud your thoughts and efforts, and hope your insight will ease our lives in the future.

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References


Response

To the Editor:

I thank Drs Canham and Weaver for their insights regarding my editorial\(^1\) about the article by Drs Weis and Levy.\(^2\) Canham and Weaver’s examples illustrate how the cut/copy and paste function too often generates exponential increases in meaningless, distracting, and contradictory text that now besiege the medical record.

It is stupid to force physicians to wade through thousands of pages of copied notes and outdated laboratory results to locate the one meaningful sentence needed to provide care. One is reminded of the Disney version of The Sorcerer’s Apprentice: Magic useful to add a few pails of water now floods the room. Humans invented the technology, and they must be responsible for controlling it. We are obliged to demand that this bloat be regarded as unsafe, inefficient, and unprofessional. Inappropriate use of copy/paste should be viewed as a patient safety danger. Must we await a medical malpractice case to enforce this truism? Perhaps we need to redefine the act of hiding needed information in a mountain of extraneous and contradictory words not as “annoyance,” but as “unprofessional?” Would it not be better if physicians enacted this change proactively, rather than be obliged to do so by lawyers? Must we await more obvious cases of harm or death?
The issue now is how to move the profession to a better and safer position as soon as possible. The discussion henceforth should be on how to most efficaciously accomplish this.

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References