Correspondence

We will try to publish authors' responses in the same edition with readers' comments. Time constraints may prevent this in some cases. The problem is compounded in the case of a bimonthly journal where continuity of comment and redress is difficult to achieve. When the redress appears 2 months after the comment, 4 months will have passed since the original article was published. Therefore, we would suggest to our readers that their correspondence about published papers be submitted as soon as possible after the article appears.

Diversity in Family Practice

To the Editor: After reading Dr. Scherger's essay "Models of Family Practice" (J Am Board Fam Pract 1992; 6:649-53), I want to say how refreshing it is to hear a voice for tolerance within medicine. It is not a virtue I see demonstrated very often.

Encouraging the embrace of difference and diversity in family practice will, in the end, make the specialty stronger and more able to address the enormous health care needs that face us in this country today. Meeting needs is what I sincerely hope is the reason we family physicians are doing what we're doing! It is what keeps me going this first year of residency, rather than bailing out for something easier!

Carol Castillo, MD
Stanislaus Medical Center
Modesto, CA

Microcomputer-Based Records

To the Editor: The microcomputer-based medical record system described by Dr. Ornstein and colleagues (J Am Board Fam Pract 1993; 6:55-60) is comprehensive, expensive, and impractical for the ordinary family physician. I wonder what educational value the residents gain as they adjust to their diverse practices after this experience.

I have computerized my records merely by using an ordinary notebook computer and entering my dictations with a data base manager rather than a word processor. Consequently, all my medical dictation is stored and can be searched in a single data base file, and all individual names, dates, diagnoses, medication lists, full records, etc., can be independently retrieved. Although I have not developed a prompt system for routine health screening and patient reminders, a simple query of the data base would accomplish this. The advantage of my system is that it is cheap (less than $1500), and it is portable: all my records are with me whenever and wherever I travel.

The residency system has one particular feature that makes it a near impossibility for the private office. A paperless office requires that laboratory and radiology reports be downloaded directly through the computer, which is not possible for most private physicians. I enter all my pertinent data by dictation. Another disadvantage of the paperless office is that browsing through medical records is much slower on the computer screen than through a chart. The eye can scan a page and glean details quicker, in my opinion and experience, from the paper copy. It would be interesting for the authors to report how much actual paper copy they do generate in the clinic and then subsequently discard. It might be substantial.

Steven A. Meyer, MD
Fruitland Park, FL

The preceding letter was referred to the authors of the article in question, who offer the following reply:

To the Editor: We are pleased that Dr. Meyer appreciates the benefit of computerized patient records (CPRs) and has incorporated a system in his practice. The software described in our report[1] can also run on a notebook computer, costs only $2000 if used in this fashion, and includes the important health maintenance prompting and reminder system.

Our residency graduates generally are advocates of CPRs and work to educate their practice partners about the benefits of these systems. They play a major role in CPR dissemination efforts, an important function described in the recent Institute of Medicine report.[2] Because we adopted our current CPR system less than 2 years ago, it is too early to draw conclusions about the success of their advocacy efforts.

Dr. Meyer is correct in asserting that special arrangements must be made by practicing physicians to transfer information electronically from laboratory and radiology facilities. The feasibility of this interface has been documented by several users of the software we described. He is also correct in stating that most physicians find it slightly faster to read text from paper than on a computer screen. The computer, however, is much faster at several other vital clinical functions, such as retrieving specific notes, displaying trends in laboratory data and abnormal values, and searching for needed health maintenance items and drug interactions. The dramatic advantages of CPRs are obvious to most physicians who have used them, apparently including Dr. Meyer, who has incorporated a basic system in his office.

Steven M. Ornstein, MD
David R. Garr, MD
Ruth G. Jenkins, MS
Charleston, SC

References

1. Ornstein SM, Garr DR, Jenkins RG. A comprehensive microcomputer-based medical records system with sophis-