



## Review article

## Patient-centered communication in the era of electronic health records: What does the evidence say?



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## ABSTRACT

**Objective:** Patient-physician communication is essential for patient-centered health care. Physicians are concerned that electronic health records (EHRs) negatively affect communication with patients. This study identified a framework for understanding communication functions that influence patient outcomes. We then conducted a systematic review of the literature and organized it within the framework to better understand what is known.

**Method:** A comprehensive search of three databases (CINAHL, Medline, PsycINFO) yielded 41 articles for analysis.

**Results:** Results indicated that EHR use improves capture and sharing of certain biomedical information. However, it may interfere with collection of psychosocial and emotional information, and therefore may interfere with development of supportive, healing relationships. Patient access to the EHR and messaging functions may improve communication, patient empowerment, engagement, and self-management.

**Conclusion:** More rigorous examination of EHR impacts on communication functions and their influences on patient outcomes is imperative for achieving patient-centered care. By focusing on the role of communication functions on patient outcomes, future EHRs can be developed to facilitate care.

**Practice implications:** Training alone is likely to be insufficient to address disruptions to communication processes. Processes must be improved, and EHRs must be developed to capture useful data without interfering with physicians' and patients' abilities to effectively communicate.

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## 1. Introduction

Communication lies at the heart of the patient-physician relationship and is essential for patient-centered (PC) care [1,2]. Research has found that PC communication influences patient outcomes [1,3]. Many physicians are concerned about the impact of electronic medical records and health records (EHRs)<sup>1</sup> on patient-physician communication and relationships [4,5]. Policymakers and purchasers continue to push EHR implementation in all health care settings [6]. In early 2016, however, the U.S. Centers for Medicare and Medicaid Services (CMS) announced that it will replace its current EHR incentive program with a revised incentive program [7]. Known as *Meaningful Use*, the existing program provided incentives for increasing use of EHRs. Replacing the program is due in part to implementation failure, user resistance, and technology-induced errors. *Meaningful Use* provided incentives for using EHRs, but not for providing PC communication [8].

Given this turn of events, now is the time to pay close attention to how the EHR has affected dynamics of communication in clinical relationships. This understanding is essential for effectively developing improved practices and policies to achieve PC care. The purpose of this study is to systematically review and synthesize the current empirical literature on patient-physician communication to better understand how EHRs may be transforming patient care through their impact on communication. There is a general consensus that the EHR is not simply a tool for data capture, but is a “third agent” in the care encounter that affects communication [9]. For this review, we define communication as any information exchange between patient and physician, including verbal, physical non-verbal, and electronic. This includes not only the EHR itself, but also modules that may be tethered to it, such as patient portals, secure messaging features, or other applications. Such applications are becoming more common and are replacing traditional forms of communication. For example, recent studies have examined the extent to which individuals utilize the Internet for various health information seeking activities, such as secure messaging of providers [10,11]. Other studies have examined patient and provider experiences with patient access to medical records via Internet patient portals [12]. This study examines how these different formats may be affecting communication.

### 1.1. Patient-physician communication

Communication is complex and its impact most likely occurs indirectly over time across many encounters [1,13]. While effective PC communication includes accurate exchange of biomedical information, empathetic PC communication is essential if patients' preferences and needs are to be effectively considered [14]. Patients typically want information that is personally relevant, not just biomedical facts; they want to “know and understand” and “feel known and understood” (i.e., that the physician takes the patient seriously and accepts him or her) [3,p.904].

PC communication leads to improved patient outcomes. Stewart's classic literature review of interventions to improve PC communication during history taking and treatment planning found that patients in PC communication (intervention) groups had significantly better symptom resolution, less pain, and better emotional well-being than control groups [1]. A meta-analysis of studies of communication between cancer patients and specialists found that PC communication was significantly related to patient satisfaction, and affective communication (e.g. attending to fears, uncertainty, vulnerabilities) was more strongly related to the outcomes than was instrumental, task-related communication [15]. More recent work affirms that PC communication is related to patient trust and satisfaction [16], and is also related to better chronic disease management, disease-specific outcomes, and quality of life [17]. One study found that PC communication decreased feelings of hopelessness among breast cancer patients [18], and numerous studies have reported it to be related to better treatment adherence [16,17,19]. A systematic review of 43 interventions aimed at training primary care physicians on PC communication found positive effects of PC communication on patients' perceptions of providers' attentiveness, empathy, clarification of concerns and treatment options, and health status [20].

Non-verbal communication during clinical encounters influences patient sharing of socio-emotional concerns [21–23]. Research has demonstrated that physicians who look more frequently at their patients are more likely to discern psychological distress [23]. Patients are keenly attuned to their doctors' non-verbal cues when they are describing their complaints, to infer how they should be responding, and to help assess their providers' trustworthiness and genuineness [3,24]. Patients often find it difficult to explain their discomfort eloquently enough for proper diagnosis, and physicians' eye-gaze patterns seem to be particularly important for influencing patients to fully explain their circumstances [24]. Altogether, the literature is clear that communication has important implications for patient outcomes.

<sup>1</sup> Although there are clear distinctions between EMR and EHR, the literature uses the terms interchangeably, and there are other terms used as well. For the sake of brevity, in this manuscript we use the term EHR to capture all phrases that describe electronic medical records.

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