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Digital doctors

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Observe and wonder: Is this the standard medical office of the future?

Next to a rack of magazines, the waiting room of the Washington ENT Group in Northwest contains a desk with two computers with Internet access strictly for the use of patients at the private practice, which specializes in ear, nose and throat medicine and surgery.

Chief Operating Officer Barth Doroshuk calls the machines an "Internet cafe." Water is available -- but no coffee.

As is customary in many medical offices, a receptionist at the front desk has a color-coded list of patient names and appointment times on a computer screen, and billing is done electronically whenever possible. 

Here, though, computers play a direct role in patient care as well. Doctors meet their patients using hand-held wireless devices -- similar to laptops or personal digital assistants - - that contain all the information pertinent to the patients' conditions. The battery-charged device has an adjustable screen for better viewing under fluorescent light in the examination room.

The screen thus functions as the standard chart. The generically indecipherable physician script is a thing of the past in this environment.

A similarly equipped ENT Group office is in Bethesda. Needless to say, no cumbersome files sit around on desks or clutter floor-to-ceiling shelves in either place. Support staff members work in cubicles on flat-screen computers. Shelving is almost nonexistent.

In the nearly paperless office of today, doctors carry a stylus rather than pen or pencil. Prescriptions and lab-test orders can be written out instantly and sent to a printer in the doctor's kiosk -- an electronic alcove or workstation -- outside each examination room.

It's here, too, that a doctor is told by a flashing icon when and where he or she is to see which patient, can pick up phone messages and can send patient reports to a referring physician.

"Old-fashioned" individual doctor's offices, often used as consulting rooms, can be found on the premises -- the kind with the physician's high-back leather chair and large wood desk that can be intimidating to many patients -- but none was occupied on a recent Monday morning. The rooms were as bare as the suite's storage cabinets, which mainly hold boxes of business cards and routine billing forms.

If a CT scan or hearing test is mandated, a patient has only to take the elevator up a floor to the Washington Audiology & Imaging Center, a division of the Washington ENT Group. There, technicians work their magic, obtaining results and images electronically that can be sent directly to the doctors' offices below.

To date, patients must telephone for appointments rather than make them on a computer, but Mr. Doroshuk is working on that idea and others to realize the potential of his sophisticated technology. He was the man responsible in 2001 for organizing and designing what he says is the first electronically driven ENT office in the world and one of just 10 such medical offices in the country.

"I was kind of impressed," said new patient Catherine McDaniel, who had researched the group on the Web before coming in Monday for a second opinion about a sinus condition. "I've never seen online computers in a waiting room before."

Issues involved in protecting patient privacy restrict certain kinds of communication; other concerns have to do with controlling the flow of communication from voluble patients. For the most part, doctors do not return e-mail requests from patients about medical matters because they cannot be sure who is actually making the request and why, but this is decided on a case-by-case basis.

Though they still have the option of writing out their medical history on paper, patients can submit their medical histories electronically on a form provided on the ENT Group's Web site (www.washingtonent.com).

Having wireless systems at home that are connected to office records helps doctors stay informed in an emergency when "on call" at stated times.

"Its real role keeps everything that goes into patient care in one place and immediately accessible," says Dr. Catherine Picken, one of the group's six doctors. A former member of the department of otolaryngology/head and neck surgery at Georgetown University Medical Center, she praises the flexibility of the system while admitting that there are some "quirks ... [and] it does require learning time."

The installation of such advanced information technology was expensive -- upward of \$300,000 -- but the idea has proved itself to be cost-efficient in a number of ways, Mr. Doroshuk says. One of them is in reducing the time doctors spend on paperwork, increasing time for patients. Obviously, too, the system reduces administrative costs by reducing the number of support staff and, in the best of circumstances, the time it takes insurance companies to pay.

It also has given the office an enormous tool in cementing relations with patients. Several times recently when news was published about side effects of certain drugs, the office was able to ascertain from its database which patients were taking the drugs and notify them to be alert and see their primary-care physicians as needed.

Records are backed up every night and go onto tape, but even so, the system had a weeklong breakdown in June when charts were not available.

"We broke out the pencils and pens then," Mr. Doroshuk says.

The office learned from that incident to keep what Mr. Doroshuk calls a "redundant" database off site.

Bill Shelton, 42, of Alexandria, came in to see Dr. Picken for one of his post-op exams after surgery this fall to remove his thyroid gland. A software designer for the Treasury Department's Office of Thrift Supervision, he had used his computer to research doctors' backgrounds before choosing ENT Group, then downloaded the pre-registration sheet.

Dr. Picken tapped notes into the laptop while going over his medications as Mr. Shelton discussed the changes in his health.

Two pieces of paper were involved in the visit. One was an order Mr. Shelton would take to the lab upstairs to get his cholesterol levels checked. Results would be sent electronically to his chart the next day. (Any lab results sent by fax to the office are transcribed into patient charts by a medical assistant.) The second was the printed sheet Mr. Shelton brought with him to remind him of questions he had for Dr. Picken.

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