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EDITOR'S CHOICE

Promises, promises

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It's easy to think that there is no problem facing medicine that information technology can't solve. Experience in the US gives little reason for optimism. Huge investments have mostly failed to solve old problems and have created new ones. US doctors report spending two hours on computer tasks for every hour with patients (doi:10.7326/M16-0961). Poor usability and limited interoperability of electronic health records are a major source of professional unhappiness and burnout.

Despite this cautionary tale, the NHS has decided to splurge on technological infrastructure. Stephen Armstrong (doi:10.1136/bmj.j1366) reports on the 12 NHS trust "exemplars" that will each receive £10m to invest in options such as "wi-fi for patients and NHS staff, real time video links between ambulances and emergency departments, and electronic detection of patient deterioration." Somehow—and here things get vague—this will save money and "improve services and patient outcomes" (https://www.england.nhs.uk/digitaltechnology/info-revolution). Few of these benefits are likely to materialise; enhanced digital connectivity is more likely to increase both cost and demand for health services. A recent study showed that virtual doctor visits for respiratory illnesses were cheaper, but 88% of them were made by new users who didn't clearly require care (doi:10.1377/hlthaff.2016.1130).

Electronic health records hold much more promise for medical research. Bell and colleagues (doi:10.1136/bmj.j909) used electronic records to evaluate the association between alcohol consumption and cardiovascular diseases, making it possible to study a massive sample of patients and to generate risk estimates for subgroups that could not be studied in smaller cohorts. Editorialist Kenneth Mukamal (doi:10.1136/bmj.j1340) points out that advances in information technology are needed for this "new generation of studies that adapt classic cohort designs to general practice settings by using data collected in electronic health records and large registries." Despite their advantages, however, such studies still cannot overcome some problems, namely missing data and imperfect clinical information.

Meanwhile, other areas of healthcare go begging. Millions of pounds allocated for primary care and mental health services will instead be diverted to cover deficits caused by higher than expected hospital use during the winter (doi:10.1136/bmj.j1213). BMA Chairman Mark Porter rightly condemns this as "sticking plaster measures." Another dubious plan to save money is for newly trained doctors to work at least five years for the NHS or repay their educational costs (doi:10.1136/bmj.j1370). This might seem reasonable, but few young doctors have that kind of money, making this solution seem coercive and distinctly unpromising.

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