

## It's the Information That's Important, Not the Technology

---

This issue of JAMIA contains a paper by Dr. Nordyke and Dr. Kulikowski that describes the interplay between a single specialty practice and a structured medical record/computer database over a period of 35 years.<sup>1</sup> The story paints a clear picture of the many ways in which access to longitudinal information about a population of like patients can be used to improve practice and to satisfy intellectual curiosity over the course of the day.

The story presents a contrast to much of the work on computer-based patient records. The sole focus is on the organization and utilization of information. The computer is used only for those parts of the process where it does something that cannot be done reasonably any other way (retrieval and analysis of a population of records) or something that can be done without added work (generation of patient reports). Structured data-capture forms and printed reports are used as the provider interface, avoiding use of the computer where it can be expensive and troublesome. Along the way, the practice experimented with a variety of decision support strategies, but found that they got in the way of practice and were less useful than straightforward access to the data about their patients.

At first glance, the reader may question whether this story is relevant today. Technology is rapidly removing the barriers to direct provider-computer interaction, and we are learning how to incorporate decision support into the flow of practice. Work on these in-

novations is important, and it will increase the art of the possible over time. Few of the people involved in this work, however, have been as effective in using data to inform and change their practices as have the authors of this case study.

The story has an important message for Medical Informatics today. We can make a big difference if we help people organize and access data to understand and improve practice patterns. We can establish credibility by using whatever processes and technology will work now to achieve that goal. In the process we can buy time to solve the challenges of technology and knowledge/data representation/exchange that must to be solved if we are to achieve what this one specialty practice did—across sites, specialties, and a patient's life time.—WILLIAM W. STEAD, MD

### Reference ■

1. Nordyke RA, Kulikowski CA. An informatics-based chronic disease practice: case study of a 35-year computer-based longitudinal record system. *J Am Med Inform Assoc.* 1998;5:88-103.

---

Affiliation of the author: Vanderbilt University, Nashville, TN.

Correspondence and reprints: William W. Stead, MD, The Annette and Irwin Eskind Biomedical Library, Vanderbilt University Medical Center, Nashville, TN 37232-8340. e-mail: <bill.stead@mcm.vanderbilt.edu>.

Received for publication: 9/18/97; accepted for publication: 9/18/97.