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Let's talk chronic heart failure

We applaud *CMAJ*'s efforts at medical education via their "Five things to know about …" series. However, we believe that a recent paper by Moayedi and Kobulnik[1] falls somewhat short.

Specifically, heart failure is predominantly a disease of the elderly.[2] Elderly patients are often not candidates for mechanical circulatory support or cardiac transplantation. Although there are options such as cardiac resynchronization devices and implantable cardioverter defibrillators, the benefits of these therapies may be attenuated in the elderly.[3] Therefore, we are generally left with medical management options for this patient population.

Although the authors point out that there are some promising new medications on the horizon, at present, patients with heart-failure face five-year mortality rates of about 50%.[2] This prognosis is worse than that of many patients with cancer.[4] Despite this, physicians rarely encourage advance-care planning or discuss goals of care with their patients with heart failure.[5] The Choosing Wisely Canada initiative recommends not delaying these conversations.[6] We need to start having these discussions with our patients with heart failure. What better way to do this than to include it in your "five-things-to-know-about-heart-failure" list?

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Time to rethink EMRs

Although I agree with most of Hall's points,[1] I fear he has drawn a false analogy. The United States Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 was enacted to mobilize information technology to reduce skyrocketing costs associated with the health care system.[2]

Hall[1] states that the distracting effect of electronic medical records (EMRs) on the physician–patient interaction is well known. This is usually because of the usability of the EMR interface. Most systems are not designed for the patient encounter, and vendors are reluctant to customize their systems for physicians' workflow. It is also well known that EMRs neither reduce health care costs nor increase efficiency. Poor usability decreases efficiency and frustrates the user.

The actual benefits of EMRs are likely unmeasurable. Recently, the American Medical Informatics Association has called for a re-evaluation of economic analyses in health information technology,[3] with a focus on quality and patient-safety benefits. Electronic medical records can improve patient care even without cost reductions. I believe it would be a patient care disaster if we lost our provincial EMRs to save money.

Finally, I echo Hall's comments about lobbying administrators and politicians about the use of EMRs. We are past the tipping point but, as an important user group, it is vital that we continue to loudly advocate for usable systems that will allow increased efficiencies and not diminish the patient–physician relationship.

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Letters to the editor

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