An estimated 40 billion dollar federally funded program to encourage the adoption of electronic health records (EHRs) is currently underway. This may be the single largest industry-focused technology adoption initiative in the history of the United States. The underlying message in this initiative is that we need more technology to improve health care. Due in large part to this effort, most now conclude that technology will be layered into all aspects of our health care system. While I have concerns about how and why it’s being done, I agree we need better utilization of technology within health care overall.

Clinicians are being asked, and in some cases forced, to use EHRs to a much greater degree. Many physicians are currently struggling with EHR adoption, finding the electronic tools unfamiliar, cumbersome, and time consuming. Certainly, one could perceive these adoption troubles as potentially leading to “distracted doctoring.”

I have colleagues who believe the EHR is nothing more than a distraction they must use at the behest of the government agencies and hospitals with which they work. This problem will abate as EHRs evolve, improve, become more intuitive, and the end users’ technology utilization skills improve.

Beyond the EHR technology adoption challenges that are being felt nationwide, we must consider other potential technology distractions as well. The use of smartphones and tablets for email and texting is becoming a standard practice throughout hospitals and clinics. Some fear the use of these now pervasive technologies as a “distraction” within the context of care delivery environments. I challenge this assertion and would like to instead encourage the exploration of a concept I refer to as “digital dexterity.”

Digital dexterity is meant to describe a proficiency in the use and adoption of computers, mobile technology, and software. Generation Y (also known as the Millennial Generation), born in the 1980s and 90s, is a good example of individuals.

**THIS MAY BE THE SINGLE LARGEST INDUSTRY-FOCUSED TECHNOLOGY ADOPTION INITIATIVE IN US HISTORY.**
with digital dexterity. It is understandable that someone without much digital dexterity may interpret another’s expression of this trait as a “distracted” individual since it is not uncommon to negatively relate to that which we are unfamiliar. In this context, “distraction” conjures up the undesirable mental image of an unfocused, preoccupied, and inattentive clinician. Unfortunately I suspect that the actions of these “distracted” Gen Y doctors and nurses may, in many cases, be mistakenly misinterpreted.

**GET READY**
Gen Y physicians and nurses are disembarking from residency and training programs in mass with every passing year. One of the unique attributes this demographic brings to health care is their natural proclivity for technology. Most of them don’t remember what life was like before the Internet, can’t imagine working without a mobile phone, and leverage texting as a primary means of communication. Social media, crowd sourcing, YouTube, and mobile communications are integrated into their daily activities in a manner as commonplace to them as eating and drinking.

Consider the instance of a nurse texting within a clinical care environment such as the holding area in a surgery department. From one point of view, the nurse may be seen as distracted by his mobile phone. However, consider the scenario in which the nurse is contacting the surgeon to let her know that the lab they were awaiting is now back and the results are normal. As a result, the surgeon is notified in a timely manner that the patient is ready for surgery on time. Knowing the focus and content of their mobile message, most patients would be in support of their efficient communication efforts. All too often, others are unaware of the intent and purpose behind the activity they may perceive as being a “distraction.” In this scenario, the nurse was clearly using his natural digital dexterity to the benefit of the hospital, the physician, and most importantly, the patient.

The importance of security and privacy of health related patient data is another concern that arises when considering this topic. HIPPA rules require covered entities, such as hospitals and physician offices, to ensure the confidentiality of patient information. However, text communications and most common forms of web communications are not appropriately secure. This is one reason behind my development efforts in the perioperative arena. Surgery Logistics (www.surgerylogistics.com) enables perioperative communications and care delivery logistics data to be securely routed to care delivery professionals at the bedside. I realized long ago that we must embrace the use of technology if we are going to advance health care delivery. We must instead implement secure, well designed, and modern platforms to achieve what Gen Y is seeking by using platforms never meant for protected health data. It is with efforts like these that “distracted” clinicians may be coopted into collaborative efforts at improving care delivery for hospitals and patients.

**THE INTERDEPENDENCY OF GENERATION Y COMMUNICATION STYLES AND ADVANCED MOBILE TECHNOLOGIES IS UNDENIABLE.**
The interdependency of Generation Y communication styles and advanced mobile technologies is undeniable. Banning or severely limiting the use of technology such as mobile devices and texting within care environments is likely to alienate this unique and growing group of physicians and nurses. The Pew Research Center recently reported the results of a study analyzing texting trends in the US. They found that in 2011, the average text message user sent or received 41.5 texts per day. They also found that those text message users between the ages of 18 and 24 exchange texts at a much higher rate of 109.5 per day. Attempts at stifling the communication tendencies of Generation Y are not likely to succeed.

Considering Gen Y’s natural tendency for technology, or “digital dexterity,” we have a unique opportunity to revolutionize health care through the improved use of technology. By embracing this generation’s aptitude, we have tremendous opportunities to advance health care communications and many other facets of medical and patient care. We must effectively cultivate technology solutions and integrated communication platforms that will provide these technophiles with the tools they require to advance health care well into the future.

In conclusion, there is no doubt that some “distraction” with technology can exist within a clinical care environment. However, all that is perceived as such may not meet a reasonable definition of “distraction,” as the scenario above cited. The next time you see someone using technology in a care environment, consider inquiring as to how they are facilitating the care of their patients. If they aren’t supporting patient care with their activities, I have a feeling their “distraction” will be very short lived.

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