



NEWS RELEASE

EUROPE REGIONAL MEDICAL COMMAND

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Award brings spotlight to adventurous physician

Towering genius disdains a beaten path. It seeks regions hitherto unexplored.

- Abraham Lincoln

By Phil Tegtmeier
Europe Regional Medical Command

HEIDELBERG, Germany – He’s been an explorer for most of his life. He saw the sun rise on a six-month day at Point Barrow, Alaska. He battled disease and malnutrition in a Cambodian refugee camp. And he took on paperless medical records just for fun.

Paperless medical records?

Dr. Robert Walker, former chief of the family practice clinic at the U.S. Army Hospital, received one of the Army’s most prestigious civilian awards in an April 4 ceremony. In addition to his regular duties, the award recognizes a number of the doctor’s accomplishments. Originally intended to mark the end of his tour, the award covers the span of the last three years of his eight spent at the hospital.

“When the Military Health System introduced its electronic medical record system, AHLTA, the providers didn’t realize what they were in store for them,” Walker said. Even though the concept of the world wide medical record sounded like a sound one, the program proved extremely problematic to the doctors. Overnight they ‘surrendered’ the medical record as they knew it and forced doctors to change the way they practiced medicine. Instead of writing a narrative note on paper, they were made to produce a note by checking a myriad of 250,000 different boxes on their computers in an attempt to reflect what signs and symptoms the patient presented with. This process consumed a lot of time and took away precious face to face time with the patient. That’s not good in the world of 20 minute appointments, Walker said.

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“What are these boxes? They are actually data points, where a doctor would choose from a list of symptoms represented as boxes to describe a patient’s condition,” he explained. “The theory is that in the not-too-distant future, this mass of data will begin to form pictures of medical trends throughout the Army. Such data could help doctors make early diagnoses of rare diseases, identify health trends and otherwise link causes to effects.”

Swiveling his chair to face his computer screen, Walker continued making his point.

“Medicine is still more of an art than a business, more than just clicking boxes. It’s all about spending time with patients. Not only was the program taking more time to enter the note, but we really couldn’t get the program to reflect our actual thoughts. It was like handing a painter a sponge instead of a brush and expecting the same picture,” he said. Instead of opposing the software’s implementation, Walker decided to try to help bridge the gap between programmers and docs and build a better system.

“What I’m doing now is trying to marry voice recognition software, a wireless tablet PC and the program, called AHLTA. I wanted to give control of the medical record back to the doctors while still maintaining as many of the positive aspects of an EMR as possible. This process would allow me to face the patient just like I used to, look at them and not the computer, enter data easily via a touch screen tablet and enter my thoughts via dictation. That would be a win in my book,” he said.

“Within the program, I want to narrow down the 250,000 boxes to just the relevant ones. It’s like flying a plane with 250,000 gauges; with so many you can’t really see which ones are important. I want to narrow it down to just the important gauges that I need to fly the plane,” he continued.

So, when not seeing patients, Walker makes his “rounds” of the clinics throughout the entire European footprint. He helps physicians work around their software problems, introduce other best practice ideas, gather their suggestions for improvements and funnel that feedback to the programmers.

“I wouldn’t have taken this position on if I didn’t think I could make a difference. The program is very unpopular amongst the doctors and I was one of them. I’m not a cheerleader, just a doc who has some ideas and energy to work through this the best I can. Luckily our command is very supportive and committed to finding solutions,” he said.

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It's that sense of pioneering that attracts Walker to a variety of challenges. He said one should cherish a proper nomadic spirit, even though it may on occasion seem a detriment. Staying on too long in one job is apt to breed self satisfaction, narrow your outlook and promote what he calls "mental apathy." New and fresh challenges are good for the mind.

"At times early on in my career I'd look at my colleagues who graduated from school and stayed in one place with some envy," he said. "They had nice homes and expensive lifestyles. It's a little ironic how now, after some time the tables are somewhat turned. They now express some envy for not having the opportunity to explore and tackle so many diverse challenges. It makes me feel like I had made the right choice for both me and my family."

In addition to his work with the electronic medical records, the award recognizes the fact that, as a civilian physician, Walker has held several key leadership positions in the hospital that are normally reserved for advancing military officers.

"I felt that trust was one of the biggest honors I'd ever received," Walker said. "The leadership here had the faith in me to make me chief of a department, chief of all primary care, and at times serve as acting Deputy Commander for Clinical Services. Usually these jobs go to majors and lieutenant colonels. I've also been given the chance to attend senior leadership schools that normally are not offered to civilians. I have been rewarded here in so many ways through others actions and trust. I'm in awe of the bravery and comradeship shown in today's Army. And now my command presents me with a medal. I'm humbled."

Walker received the civilian equivalent to the Army's Legion of Merit. Gen. David McKiernan, USAREUR commanding general and one of Walker's patients, presented the award April 4 in a ceremony at Nachrichten Kaserne.