

Giving doctors the complete picture

March 6 2009

During the course of a hospitalization, patients are seen by a variety of specialists in addition to the physician who has primary responsibility for their care. However, faulty communication, inappropriate timing, inadequate details, illegibility, lost paperwork or other problems may keep the specialists' recommendations from being evaluated and implemented.

An award-winning study by Martin Were, M.D., of the Regenstrief Institute and colleagues reports on the success of a physician decision-support tool they developed to overcome these barriers and to complement physician-to-physician communication processes already in place. The computer tool facilitated convenient flow of information, providing both the specialists and the patient's primary-care physician with detailed information on the patient and the advice sought at the right time and place. They found that when using the new computer tool, medical recommendations from geriatrics consultants were implemented 30 percent more frequently than when it was not used.

"Consulted specialists might not have the full clinical or most current picture of the patient. For example, they might not know all medications the patient is taking, the patient's allergies, or the most current results of tests ordered by others. The decision-support system provided by our computer tool eliminated these problems. We alerted the specialist when a drug he was contemplating prescribing conflicted with another medication the patient was taking. Automatic electronic notification of the exact specialist recommendations eliminated the need for the patient's primary doctor to leaf through a thick medical file to see the

specialist's recommendations and the details of these recommendations. The tool also lets the specialists know if their recommendations have been implemented by the patient's primary doctor. All these benefits can be very important for patient safety," said Dr. Were, who is an internist.

The study, entitled "Using Computerized Provider Order Entry and Clinical Decision Support to Improve Referring Physicians' Implementation of Consultants' Medical Recommendations," earned Dr. Were the American Medical Informatics Association's 2008 prize for Best Student Paper and is published in the March/April 2009 issue of *Journal of the American Medical Informatics Association*.

Dr. Were developed the physician support tool during his fellowship in medical informatics at the Regenstrief Institute under the mentorship of Michael Weiner, M.D., IU School of Medicine associate professor of medicine and a Regenstrief Institute research scientist.

"Although medical specialists provide critical advice about diagnosis and treatment, up to half of their recommendations are not implemented," said Dr. Weiner. "This work, based at Wishard Health Services, showed that electronic facilitation of consultants' recommendations is not only valued by physicians but can markedly improve the chance that the recommendations will be followed."

According to Dr. Were and Dr. Weiner, use of the new clinical support tool may save health-care dollars by decreasing delays in care, improving patient safety, and prioritizing specialty treatment. The next step is to see how big a difference implementation of the system makes in patients' outcomes, duration of hospitalization and costs of care.

Source: Indiana University

Citation: Giving doctors the complete picture (2009, March 6) retrieved 19 April 2024 from <https://medicalxpress.com/news/2009-03-doctors-picture.html>

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