

Electronic tracking system can help diabetes patient care

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An electronic system with personalized patient information shared by diabetes patients and their primary care providers improved diabetes care and clinical outcomes, found a new study in *CMAJ* (*Canadian Medical Association Journal*).

The study involved 511 patients and 46 family physicians and nurse-practitioners and offered web-based tools integrated with 5 different types of electronic health records, an automated telephone reminder system and a mailing of colour-coded materials to half the study sample. Sixty two per cent of patients improved with the intervention compared with 42.6% in the control group and intervention patients reported greater satisfaction with their diabetes care.

Diabetes affects approximately 7% of the populations of Canada and the US - about 23 million people - and costs \$105 billion in direct annual healthcare costs. Most diabetes care is community-based, largely managed by primary care physicians.

The study is one of the first randomized trials to show success in community-based <u>primary care</u> and the first such trial in Canada.

"Despite the technical challenges for both patients and physicians, we have demonstrated that the care of a complex chronic disease can be improved with electronic tracking and decision support shared by family physician and patient," write Dr. Anne Marie Holbrook of McMaster University and coauthors.



The results of the study "provide strong evidence that complex research interventions can and should be implemented in community-based practices," say Dr. Richard Grant and Dr. Blackford Middleton of Harvard Medical School in a related commentary http://www.cmaj.ca/press/cmaj-181-17.pdf. The next steps are to create patient-centred rather than disease-focused systems to address a wide range of patient concerns and help clinical management of complex diseases outside of a visit to a doctor or nurse.

More information: http://www.cmaj.ca/press/cmaj-181-37.pdf

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