

Doctors who use health information technology are 'slightly' more likely to get patient data

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Physicians who use health information technology (HIT) systems are only slightly more likely to receive the patient information they need to provide coordinated care, reports a study in the January issue of *Medical Care*.

Although more than 70 percent of US [doctors](#) use [electronic health records](#) (EHR), up to half don't routinely receive the data necessary to coordinate patient care effectively, according to the study by Chun-Ju Hsiao, PhD, MHS, of the US Agency for Healthcare Research and Quality. "The study findings highlight the continuing challenges to using HIT to coordinate care among providers," Dr Hsiao commented.

Most Doctors Use Some Form of Health IT...

The researchers analyzed data from about 4,500 office-based physicians responding to a nationally representative 2012 survey on the use of EHR and electronic sharing of [information](#). The doctors were also asked how regularly they received specific types of patient health data for effective coordination of care. The study focused on whether use of HIT was associated with a higher percentage of physicians receiving this essential information.

Regarding use of HIT, about 33 percent of physicians had an EHR system and shared patient health information electronically, while

another 39 percent had an EHR system but did not share patient data electronically. About 25 percent met neither of these criteria.

Asked about three specific types of information, 64 percent of physicians said they routinely received the results of patient visits with healthcare providers outside their practice, 46 percent received information on patients referred from other practices, and 54 percent received hospital discharge information. "For all three types of information, roughly one-third of physicians reported receiving the information but not routinely," Dr Hsiao and coauthors write.

...But Many Still Don't Get the Data Needed to Coordinate Care

Doctors using HIT were only slightly more likely to receive the necessary information than those who did not use HIT. For example, 48 percent of physicians who used HIT routinely received information on [patients](#) referred from other practices, compared to 40 percent of those who did not use HIT. Using HIT did not significantly affect receipt of hospital discharge information.

Even among physicians who routinely received the needed information, many were still getting it by fax or other non-electronic means. This was the case for three-fourths of doctors receiving information from other practices, and about half of those receiving hospital discharge information.

Coordination of care between healthcare settings has been linked to better-quality care at lower cost. Past studies have shown problems with exchange of patient information between primary care and specialist providers, and between doctors' offices and hospitals. Use of HIT might help to make the information needed to coordinate care more readily

available.

"However," Dr Hsiao and coauthors write, "being able to exchange data electronically does not automatically associate with better care coordination if the information needed is not exchanged between providers." Issues of cost and the "interoperability" of HIT systems have hindered the use of EHRs to share patient information.

Like previous studies, the new results show that many US physicians don't routinely receive [patient information](#) needed to provide coordinated care. Doctors who use HIT are somewhat more likely to receive this information. However, many physicians who use HIT still aren't receiving the necessary information, and many who do get the information aren't receiving it electronically.

"These results suggest that EHR adoption and the capability for electronic sharing of patient health information among office-based [physicians](#) alone may not be enough to ensure the regular sharing of key information for care coordination," Dr Hsiao and colleagues write. They highlight current federal initiatives and policies aimed at improving availability of patient health information across care settings. These include the Office of the National Coordinator for Health Information Technology's ten-year plan for a [nationwide interoperable HIT infrastructure](#), "focused on ensuring individuals, their families, and their health care providers have appropriate access to [health information](#) that supports decision-making and care coordination."

More information: [Click here](#) to read "The Role of Health Information Technology in Care Coordination in the United States."

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