

EHR triggers cut time to diagnostic cancer evaluation

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(HealthDay)—Electronic health record-based triggers may cut time to diagnostic evaluation of colorectal and prostate cancer, according to a study published online Aug. 24 in the *Journal of Clinical Oncology*.

Daniel R. Murphy, M.D., from the Michael E. DeBakey Veterans Affairs Medical Center in Houston, and colleagues tested whether prospective use of [electronic health](#) record-based trigger algorithms to identify patients at risk of diagnostic delays could prevent delays in diagnostic evaluation for lung, colorectal, or [prostate cancer](#). The intervention (April 20, 2011, to July 19, 2012) included queries of the electronic health record repository for patients with abnormal findings and lack of associated follow-up actions, manual review of triggered records, and communication of this information to primary care providers (36 providers each in the intervention and control group) via secure e-mail and, if needed, phone calls.

The researchers found that of 10,673 patients with abnormal findings, the trigger flagged 1,256 patients (11.8 percent) as high risk for delayed diagnostic evaluation. Among patients seen by primary care providers in the intervention group with a trigger for colorectal or prostate cancer, times to diagnostic evaluation were significantly lower compared with control patients. This was not true for patients with a lung cancer trigger.

"Electronic trigger-based interventions seem to be effective in reducing time to [diagnostic evaluation](#) of colorectal and prostate cancer as well as improving the proportion of patients who receive follow-up," conclude the authors.

More information: [Abstract](#)
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