

Guides within electronic medical records during visits help doctors provide better care

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Although chronic obstructive pulmonary disease is a medical condition that requires a lifetime of management, barely half of health care providers follow the clinical practice guidelines established on how to evaluate and manage patients with the condition.

Researchers from The University of Texas Medical Branch at Galveston found that when providers were given a structured approach to evaluating and managing stable COPD patients using information embedded into a patient's electronic medical records during outpatient visits, they provided better advanced patient assessments and other

quality of care measures. These findings were recently published in the journal, *Respiratory Medicine*.

COPD places a heavy burden on the health care system since those diagnosed are more likely to go to emergency departments and be hospitalized, leading to an estimated cost of \$50 billion in [health care costs](#) in 2010.

"Because COPD leads to an overall decline in lung function and quality of life, it is important to optimize the outpatient management of these patients," said lead author, Jordan Terasaki, UTMB fellow in the department of internal medicine, division of pulmonary critical care & sleep medicine. "Timely access to care or an action plan can avoid emergency room visits and/or hospitalizations in these patients."

The research team developed and used an evidence-driven COPD flowsheet based on [clinical practice guidelines](#) that were embedded in a patient's electronic medical records so that they came up on screen to prompt the provider during COPD outpatient visits. This system was integrated into the research team's pulmonary clinic within an academic medical center.

Researchers evaluated the medical records of COPD patients to compare how the patients were doing before and after the flowsheet was added to the patient records. A total of 200 patients were screened in the pre-intervention period and 347 in the post-intervention period.

"This intervention was primarily tested in pulmonary clinics with a goal to spread to all primary care practices at a later time within the [health care](#) system as the majority patients with COPD are seen in those practices," said author Gurinder Pal Singh, UTMB fellow in the department of internal medicine, division of [pulmonary critical care](#) & sleep medicine. "Future studies should examine the impact of

standardized assessment and management on outcomes in patients with COPD."

In the post-intervention group, researchers found a significant increase in the use of tools to measure the severity of a [patients](#) COPD since the last clinic visit, referrals to a pulmonary rehabilitation program, inhaler technique education, use of both short acting rescue inhalers and long-acting lung medications and influenza vaccinations.

"There are several reasons for low compliance with clinical practice guidelines in management of stable COPD, ranging from lack of awareness, complexity of recommendations because of coexisting medical conditions and trust in the guideline development," said Terasaki.

More information: Jordan Terasaki et al. Using EMR to improve compliance with clinical practice guidelines for management of stable COPD, *Respiratory Medicine* (2015). [DOI: 10.1016/j.rmed.2015.10.003](https://doi.org/10.1016/j.rmed.2015.10.003)

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