

Participation in meaningful use doesn't up quality of care

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(HealthDay)—Physician participation in meaningful use is associated

with improvement in colorectal cancer screening, but is not associated with improvement in other quality measures, according to a study published online Dec. 23 in the *Journal of the American Geriatrics Society*.

Hye-Young Jung, Ph.D., from the Weill Cornell Medical College in New York City, and colleagues conducted a [retrospective cohort study](#) involving 303,110 Medicare fee-for-service enrollees from New York State. The authors examined the impact of outpatient physicians' participation in meaningful use on the quality of care.

The researchers observed no correlation between physician participation in the meaningful use initiative and decreases in ambulatory care sensitive condition-related hospitalizations or emergency department visits (both 0.0 percentage points), relative to the comparison group. Participation in meaningful use correlated with increased odds of [colorectal cancer screening](#) (odds ratio, 1.2; 95 percent confidence interval, 1.1 to 1.4), but not with diabetic retinopathy screening (odds ratio, 1.1; 95 percent confidence interval, 1.0 to 1.2), diabetic nephropathy screening (odds ratio, 1.0; 95 percent confidence interval, 0.8 to 1.2), or influenza vaccinations (odds ratio, 1.1; 95 percent confidence interval, 1.0 to 1.2), relative to the comparison group. In secondary analyses of dually-eligible beneficiaries participating in both Medicare and Medicaid the results were similar.

"Physician participation in meaningful use was not associated with substantial improvements on six [quality measures](#)," the authors write.

One author disclosed financial ties to NaviHealth.

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