

EHR tools improve medication reconciliation in hypertension

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(HealthDay)—Use of electronic health record (EHR) tools in isolation

improves medication reconciliation but does not improve systolic blood pressure among patients with hypertension, according to a study published online July 9 in *JAMA Internal Medicine*.

Stephen D. Persell, M.D., M.P.H., from Northwestern University in Chicago, and colleagues conducted a randomized clinical trial involving 794 patients with hypertension who self-reported using three or more medications concurrently. Clinics were randomly assigned to EHR-based [medication](#) management tools (EHR alone group), EHR-based tools plus nurse-led medication management support (EHR-plus-education group), or usual care.

The researchers found that at 12 months, systolic [blood pressure](#) was greater in the EHR-alone group versus the usual care group (difference, 3.6 mm Hg; 95 percent confidence interval [CI], 0.3 to 6.9 mm Hg). There was no significant difference in systolic blood pressure in the EHR-plus-education group versus the usual care group (difference, -2.0 mm Hg; 95 percent CI, -5.2 to 1.3 mm Hg); [systolic blood pressure](#) was lower in the EHR-plus-education versus the EHR-alone group (difference, -5.6 mm Hg; 95 percent CI, -8.8 to -2.4 mm Hg). Compared with usual care, hypertension medication reconciliation was improved in the EHR-alone and EHR-plus-education groups (adjusted odds ratios, 1.8 [95 percent CI, 1.1 to 2.9] and 2.0 [95 percent CI, 1.3 to 3.3], respectively).

"The study found that EHR tools in isolation improved medication reconciliation but worsened blood pressure," the authors write.

One author disclosed financial ties to the pharmaceutical and medical device industries.

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