

EHR data ID differences in HTN control across health systems

December 18 2018



(HealthDay)—An analysis of electronic health record data reveals

considerable differences in hypertension control across health systems, according to a study published in the November-December issue of the *Journal of the American Board of Family Medicine*.

Kevin Selby, M.D., from the Kaiser Permanente Division of Research in Oakland, California, and colleagues conducted a [retrospective cohort study](#) using deidentified electronic [health](#) record data from all primary care patients with at least one visit in a two-year period. Data were included for 169,793 adults aged 18 to 85 years.

The researchers found that 31.3 percent of participants had a diagnosis of [hypertension](#). At their last visit, 35 percent of these participants had uncontrolled blood pressure, and the proportion varied by [health system](#) (HS; HS1, 29 percent; HS2, 31 percent; and HS3, 44 percent) and by clinical site within each system. Differences between health systems persisted in multivariate analyses; the risk for uncontrolled blood pressure increased 1.15-fold and 1.46-fold for patients in HS2 and HS3, respectively, versus HS1. Across health systems, the likelihood of having uncontrolled blood pressure was increased for patients with hypertension who were uninsured, African-American, current smokers, and obese and those who had fewer than two primary care visits during the two-year period.

"The Hypertension Data Collaborative successfully demonstrated the challenges and opportunities for electronic health data sharing and its use for identifying common disparities in hypertension care across three health systems," the authors write.

More information: [Abstract/Full Text](#)

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Citation: EHR data ID differences in HTN control across health systems (2018, December 18)
retrieved 27 April 2024 from
<https://medicalxpress.com/news/2018-12-ehr-id-differences-htn-health.html>

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