

# Using information technology to promote health equity

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An innovative health information technology (IT) program helps primary care providers to detect and manage depression and posttraumatic stress disorder (PTSD) in traumatized refugees, reports a study in a special June supplement to *Medical Care*.

Published today, the supplement presents new research and commentaries on the use of health IT to reduce disparities in healthcare access and outcomes. "Health IT has tremendous potential for promoting health equity for racial and ethnic minorities as well as other disparity populations," according to an editorial by Eliseo J. Pérez-Stable, MD, Director of the National Institute on Minority Health and Health Disparities (NIMHD) at the National Institutes of Health, and colleagues.

## **New Strategies for Using Health IT to Reduce Healthcare Disparities**

The supplement collects 12 original research papers, reporting on innovative health IT approaches to promote health equity in populations at risk of disparities. Dara H. Sorkin, Ph.D., of University of California Irvine and colleagues evaluate a health IT intervention to improve detection and treatment of mental health disorders in Cambodian refugees at two Southern California clinics. Many refugees from Cambodia and other countries have experienced war-related trauma, placing them at high risk for depression and PTSD.

The three-part intervention included an iPad tool to screen for symptoms of depression and PTSD in Cambodian American adults. In addition, primary care professionals were able to access an interactive tutorial on providing "culturally competent, trauma-informed [mental health care](#)" for individuals exposed to extreme war trauma. The intervention also included a mobile app providing evidence-based clinical algorithms and guidelines.

Electronic mental health screening suggested that depression might be present in about two-thirds of Cambodian refugees and PTSD in about one-third. Primary care providers assigned to the health IT program were about six times more likely to diagnose depression and 20 times more likely to diagnose PTSD.

The health IT intervention also led to higher rates of evidence-based and trauma-informed care. Increased use of evidence-based care led to decreased depression symptoms at 12 weeks, although PTSD outcomes were not significantly affected. Dr. Sorkin and colleagues conclude, "This innovative approach offers the potential for training [primary care providers](#) to diagnose and treat traumatized patients, the majority of whom seek mental health care in primary care."

The supplement also includes five editorials and perspective pieces, providing expert insights on the role of health IT in promoting health equity in a wide range of underserved groups: racial/ethnic minorities, immigrants, rural or urban populations, veterans, and many others. Dr. Pérez-Stable writes, "Incorporating modern information systems into an ambulatory care practice has the potential to guide population-based health care to maximize access, comprehensiveness, coordination, and quality."

He highlights the emergence of the electronic [health](#) record (EHR) as powerful new tool to help meet the NIMHD's goal: "to promote

[scientific discovery](#) in an America where all persons have the same opportunity to live a long and [healthy life](#)." Dr. Pérez-Stable concludes, "The EHR has changed the processes of clinical care and the opportunity to leverage these technological changes to promote [health equity](#) is here for the taking."

**More information:** Eliseo J. Pérez-Stable et al, Leveraging Advances in Technology to Promote Health Equity, *Medical Care* (2019). [DOI: 10.1097/MLR.0000000000001112](#)

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