

Clinician reminders in EHRs improve asthma care

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Asthma care reminders for clinicians improve patients' use of preventive medication and reduce caregiver's concerns about these medications, according to a new study. The findings will be presented at the [Pediatric](#)

[Academic Societies \(PAS\) 2023 Meeting](#), held April 27-May 1 in Washington, D.C.

Researchers conducted a trial of 530 children with persistent or [uncontrolled asthma](#) at 18 pediatric and family medicine clinics in the Bronx, New York, to determine how the inclusion of clinician reminders about asthma severity and care guidelines in electronic health record systems (EHRs) impact care and outcomes. Half of clinics received asthma care reminders through EHRs, while a control group did not. Patients' caregivers completed regular follow-up surveys about preventive medication use, asthma symptoms, and healthcare utilization.

The study found that patients of clinicians who received the reminders were more likely to use [preventive medication](#) for asthma and their caregivers had less concerns about these medications. Researchers noted there were no differences in asthma outcomes between patients in either group.

"Clinical guidelines can help reduce complications for people with asthma by as much as 70%, but the key is following them consistently," said Marina Reznik, M.D., M.S., vice chair for clinical and community-based research at Albert Einstein College of Medicine, Children's Hospital at Montefiore and presenting author. "It's clear that electronic reminders can provide clinicians with the tools they need to improve asthma care but additional support is needed for these children to reduce asthma morbidity."

Outcome	Difference between study groups in change from baseline*											
	3 Month			6 Month			9 Month			12 Month		
	β^{**}	95% CI	P	β	95% CI	P	β	95% CI	P	β	95% CI	P
Child taking preventive medication (dichotomous)	0.38	0.05, 0.72	0.025	0.31	-0.00, 0.62	0.051	0.49	0.14, 0.84	0.006	0.40	0.00, 0.79	0.049
Concern about preventive medication (BMQ) (continuous)	-0.93	-1.66, -0.20	0.013	-0.47	-1.32, 0.37	0.273	-0.42	-1.10, 0.26	0.228	-0.43	-1.25, 0.39	0.301
Symptom Free Days (count)	0.1	-0.09, 0.29	0.296	0.04	-0.15, 0.24	0.648	0.06	-0.12, 0.24	0.533	0.11	-0.07, 0.29	0.22

Variable name	Intervention (N = 265)		Control (N = 265)		P-value**
	Mean(SD)/ N(%)*		Mean(SD)/ N(%)*		
Age of child	6.65 (2.75)		6.68 (2.94)		0.883
Symptom free days of child	5.79 (4.70)		6.41 (4.72)		0.131
Gender of child	Male	156 (59)	Female	170 (64)	0.211
	Female	109 (41)	Other	95 (36)	
Ethnicity of child	Hispanic/Latino	184 (70)	Other	84 (32)	0.658
	Other	79 (30)	Black or African American	107 (40)	
Race of child	Black or African American	103 (39)	Other	158 (60)	0.722
	Other	162 (61)	Medicaid Only	100 (38)	
Insurance of child	Medicaid Only	113 (43)	Other	165 (62)	0.249
	Other	152 (57)	Single Parent Household	144 (54)	
Marital status of caregiver	Single Parent Household	163 (62)	Not Single Parent Household	121 (46)	0.095
	Not Single Parent Household	102 (38)	Less than High School	39 (15)	
Education of caregiver	Less than High School	39 (15)	High School Graduate, GED, or More	226 (85)	0.986
	High School Graduate, GED, or More	225 (85)	Employed	161 (61)	
Employment of caregiver	Employed	142 (54)	Not Employed	93 (35)	0.056
	Not Employed	102 (37)	Student/Volunteer	9 (4)	
	Student/Volunteer	20 (9)			

Study authors concluded systemically screening and prompting [clinicians](#) with virtual guideline reminders can improve care for urban children with [asthma](#).

Provided by American Pediatric Society

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