**Electronic Records Don't Always Improve Care**

**Study finds little difference for walk-in doctor visits**

**By Amanda Gardner**

*HealthDay Reporter*

TUESDAY, July 10 (HealthDay News) -- Electronic health records make little difference in the quality of medical care, at least when it comes to walk-in doctor visits, a new study found. "In clinic visits in which doctors did use and didn't use electronic health records, we didn't find clear evidence that EHR use was associated with better quality," said study lead author Dr. Jeffrey Linder.

But the *type* of record might affect quality, he added. "In this particular study, we weren't looking at a particular type of electronic health record. But other studies have shown that most of the electronic health records that have been put in place are not much more than a replacement for the paper chart," said Linder, who is an associate physician in the division of general internal medicine and primary care at Brigham and Women's Hospital in Boston. "In light of those findings, this is not that surprising," Linder added. "There's nothing magical about electronic health records. You need to have tools in place that take advantage of technology to show improvements in quality. You need to do additional work instead of just turning on the computer."

Dr. Jay Brooks, chairman of hematology/oncology at the Ochsner Clinic Foundation in Baton Rouge, La, said: "Electronic medical records are tools, and they are a tool that allows you to do the right thing. Whether or not you do the right thing is a separate question. They [the study authors] didn't show that these parameters were met, but at least you know that they weren't met. Don't blast the medical records for that."

Electronic health records have been proposed as a solution to improving health quality in the United States, where an estimated 100,000 deaths from medical errors occur each year. President George Bush has called for electronic health records for most Americans and the U.S. Department of Health and Human Services has a 10-year plan to computerize health care.

To see if electronic health records, as they are used now, had an effect on quality, Linder and his colleagues reviewed ambulatory care visits to non-federally funded, community, office-based physician practices throughout the United States. Then the researchers cross-referenced these visits with 17 ambulatory quality indicators.

Overall, there was no difference in performance between ambulatory visits with and without use of electronic health records. However, visits to medical practices using electronic health records performed slightly better on two indicators: avoiding tranquilizers for patients with depression and avoiding routine urinalysis during general medical examinations.

Electronic health records were associated with a lower quality of care when it came to prescribing the cholesterol-lowering drugs statins to patients with high cholesterol. The new findings, published in the July 9 issue of *Archives of Internal Medicine* , don't necessarily fly in the face of previous research, the study authors stated. "A lot of that research has been done in small geographic areas, maybe even a single clinic, and focused on a narrow set of quality measures," Linder said. "When you do that, it's much easier to show improvements versus our broad look." But lasting improvements are going to take more than just technological advances, he said. "I'm a fan of electronic health records, and I do think they are part of the solution to improving the quality of care in the United States," Linder said. "But it's going to take a change in medical culture -- doctors, health systems, patients and payers that are all focused on quality. All of the participants should be working to have a health system that is focused on and rewards providing quality care. Part of the solution is to change health-care financing that pays for high quality care, not just more care."

**More information**

The [**U.S. Department of Health and Human Services**](http://www.hhs.gov/onchit/framework/) has more on health information technology.

SOURCES: Jeffrey A. Linder, M.D., associate physician, division of general internal medicine and primary care, Brigham and Women's Hospital, and assistant professor of medicine, Harvard Medical School, Boston; Jay Brooks, M.D., chairman of hematology/oncology, Ochsner Health System, Baton Rouge, La.; July 9, 2007, *Archives of Internal Medicine*

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