Electronic Health Records Don’t Slow Clinics Down

BY SHERRY BOSCHERT
San Francisco Bureau

SAN FRANCISCO — Adopting an electronic health records system reduced the mean length of visits at five outpatient clinics by 4 minutes per patient, a difference that was not statistically significant but that should allay physicians’ fears that the technology might be a burden, Lisa Pizziferri said.

The results come from a time-motion study in which observers shadowed primary care physicians before and after implementation of the electronic health records (EHR) system and timed their activities, she said in a poster presentation at the triennial congress of the International Medical Informatics Association.

They studied 20 physicians before EHR implementation, 16 of those after adoption of the system, and 4 newly recruited physicians after EHR implementation, for a total of 20 physicians before and after the system change. The urban and suburban outpatient clinics included neighborhood health centers, hospital-based practices, and community practices.

Talking to or examining a patient (direct patient care) took about 14 minutes in the pre-EHR era of paper-based records and 13 minutes using EHR, she said. Ms. Pizziferri of Partners HealthCare System Inc., Wellesley, Mass., noted that they rated the EHR impact on workload at 3 and overall satisfaction at 4.

Physicians designed the Web-based EHR system, called the Longitudi
dinal Medical Record. It includes patient clinical data, computerized decision support, reminders for health maintenance, and tools for charting, order entry, and management of results or referrals.

E-mail surveys of the participating physicians suggested that the time they spent on documentation outside of clinic hours increased from 9 to 10 minutes per patient after the implementation of EHR.

Future research should study the impact of EHR on nonclinic time, she said.

Health disparities Among women vary by ethnic group

BY JOYCE FRIEDEN
Associate Editor, Practice Trends

WASHINGTON — More programs need to be developed to address the specific health needs of minority women, Elena Cohen said at the annual meeting of the American Public Health Association.

“Racial minorities are projected to make up almost half the population by 2050,” Ms. Cohen, senior counsel at the nonprofit National Women’s Law Center, said.

“There’s not much analysis of [health data] on racial and ethnic groups by gender.”

To further examine the issue, the center analyzed data on women’s health from all 50 states and the District of Columbia.

“Racial minorities are projected to make up almost half the population by 2050,” Cohen said.

The center found that the rates of Pap smears and the lowest rate of osteoporosis, compared with other groups, but they also have the shortest

Because each group’s problems are different, identifying useful interventions for each is the key. Cohen said.

The Asian-American/Pacific Islander group fared best in preventive health behaviors and in avoiding obesity and smoking, while Native Americans had the highest mortality from stroke, but they fared worst of all groups for smoking, binge drinking, mortality from cirrhosis, and violence against themselves.

Because each group’s problems are different, identifying useful interventions for each is the key, she said.