



## **E-Medical Records No Shortcut to Good Diabetes Care**

**Doctors need to use these systems as part of overall improvement plan, but the electronic medical record systems are no guarantee that diabetes patients will get better care, a new study finds.**

When used in a primary-care setting, "having an electronic medical record is not sufficient for insuring the quality of diabetes care," said study author Jesse C. Crosson, from the Department of Family Medicine at UMDNJ-New Jersey Medical School. "It really isn't going to change care by itself, it has to be implemented in a context in which people are trying to improve the quality of care."

This finding, published in the May/June issue of the *Annals of Family Medicine*, contradicts the common wisdom on health information technology in general and about electronic medical records specifically, Crosson said. Many electronic medical record systems have been sold claiming that they will help improve quality care, he said.

To measure the impact of electronic medical record systems on the quality of care, Crosson and his colleagues collected data on the care of 927 diabetic patients in 50 doctor's offices.

They found that in offices that used electronic medical records actually offered poorer quality of care compared with those doctors who didn't use them. Patient care in the 37 offices that didn't use electric medical records was more likely to meet guidelines for treatment and intermediate outcomes compared with the 13 offices using a computerized medical record system, Crosson's group found.

These findings would apply to the care for other chronic conditions, Crosson said. "I think this is true for other conditions," he said. "I think it's more true for chronic illness care than for other conditions handled in primary care."

Crosson believes an electronic medical record system is only as good as the job it is being asked to do. "You can use a hammer to drive nails or break windows," he said. "It really matters who's using it and what they are trying to do with it."

Electronic medical records can be effective when they are part of a system designed to improve care, Crosson said. Studies have shown that electronic records can be effective when they are used in conjunction with other efforts at improving quality, he added.

"The question is, how do we translate these findings from big institutions with lots of resources out to where most of the care is being given," Crosson said. "The technology itself won't enhance the process, but rather the people in the practice working on ways to improve quality have to ask 'how can they use this tool?'"

"Just having electronic medical records is simply not enough," added Dr. John Hsu, a physician scientist in the division of research at Kaiser Permanente in Oakland, Calif. "How you integrate it into clinical practice is critical."

Hsu noted that many of the offices had rudimentary electronic systems which are underpowered with limited information-handling abilities. "It is not a question of whether we should use electronic medical records," Hsu said. "It is a question of when and how should we use them."

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