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, said Ms. Pizziferri of Partners HealthCare System Inc., Wellesley, Mass.

Indirect patient care took 9 minutes before implementation of electronic health records and 10 minutes after their implementation.

Indirect patient care, which involved reading, writing, or other tasks in support of direct patient care, took 9 minutes before EHR and 10 minutes after EHR. Physicians spent about half a minute reviewing schedules before EHR and 1 minute with EHR. Time spent eating, walking, or performing other miscellaneous tasks decreased from 4 minutes to 3 minutes per patient after EHR implementation.

The mean overall time spent with each patient decreased by 4 minutes, and was calculated independently, not by adding up the times of individual tasks, she said. During an average 4-hour observation period per physician, physicians saw 9 patients while using paper records and 10 patients while using EHR.

Asked to rate their experiences with the EHR system on a five-point scale (with five being the best), physicians rated its impact on quality, access, and communication a four.

"Physicians recognized the quality improvement achieved by electronic health records," Ms. Pizziferri said.

They rated the EHR impact on workload at 3 and overall satisfaction at 4.

Partners HealthCare designed the Web-based EHR system, called the Longitudinal 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 established 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
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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," said Ms. Cohen, senior counsel at the nonprofit National Women's Law Center. "But 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. The center's report, "Making the Grade on Women's Health," outlines disparities in women's health care in different states.

For example, black women have the highest rate of Pap smears and the lowest rate of osteoporosis, compared with other groups, but they also have the shortest life expectancy and the highest poverty rate, and they are least likely to get prenatal care.

They also have the highest mortality rates for coronary heart disease, stroke, and diabetes, and the highest incidence of AIDS and lung cancer, Ms. Cohen commented.

Latinas have the lowest mortality rate from stroke but are the second-least likely group to be screened for cervical cancer, and they fare worse than other groups in cervical cancer incidence and mortality, she said. This group has the highest percentage of uninsured women and the highest percentage of women who do no physical activity in their leisure time, "which is very important for obesity issues."

American Indian and Alaskan Native women had the second-lowest morality rate from stroke, but they fared worst of all groups for smoking, binge drinking, mortality from cirrhosis, and violence against them, Ms. Cohen said.

"The Asian-American/Pacific Islander group fared best in preventive health behaviors and in avoiding obesity and smoking, but these women do have other issues," she added.

According to the report, those issues are cervical and ovarian cancer, which disproportionately affect these women, who are also the second-least likely group to have had a mammogram within the last 2 years.

Because each group's problems are different, identifying useful interventions for minority women can be tricky, but it needs to be done, she said. "One way is to encourage research that is analyzed and reported by race and ethnicity, and then further by gender. Another idea is to develop targeted programs to address ethnic and racial issues." ■

"Making the Grade on Women's Health" is available at www.nwlc.org/details.cfm?id=1861&section=health.