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TAPPING INTO THE POTENTIAL OF ELECTRONIC HEALTH RECORDS TO IMPROVE CARE FOR PATIENTS WITH CHRONIC CONDITIONS

Experts offer guidance on necessary changes related to storing and accessing information

Highlight

- The National Kidney Disease Education Program's Health Information Technology Working Group has identified strategies for using electronic health records to improve care for patients with chronic kidney disease, outlining specific design features and goals.

Washington, DC (June 25, 2015) — Experts have identified strategies for using electronic health records to improve care for patients with chronic kidney disease. The guidance, which will appear in an upcoming issue of the *Clinical Journal of the American Society of Nephrology* (CJASN), may help clinicians and hospitals better manage individual patients with chronic conditions and identify groups of patients most likely to benefit from different treatment strategies.

Well-designed electronic health records (EHRs) can help clinicians monitor and care for patients with long-term conditions such as chronic kidney disease (CKD). EHRs can also increase the continuity of services, facilitate collaboration between providers, and support patient self-management. Beyond clinical care, EHRs can increase our understanding of diseases by providing rich data for observational studies, identifying potential patients for research, and providing detailed information to national surveillance systems to enable targeted strategies for promoting public health.

Unfortunately, the potential of EHRs to improve chronic disease care and research has yet to be realized due to limitations in the design and use of EHRs for both clinicians and patients. Paul Drawz, MD, MHS, MS (University of Minnesota), Uptal Patel, MD (Duke University School of Medicine), and their colleagues within the National Kidney Disease Education Program's Health Information Technology Working Group have identified strategies for using EHRs to improve care for patients with CKD, and they outline specific design features and goals for incorporating CKD-related data into EHRs. The experts advocate for documenting CKD-related data (such as laboratory results and information

related to risk factors and medical complications) into EHRs using standard code systems and units. For example, systolic and diastolic blood pressure should be stored in separate fields, rather than in a single field separated by a slash. Additionally, they recommend storing CKD-related data in formats that can be easily accessed by patients and clinicians. EHRs could also be used to develop CKD registries so that clinicians can manage panels of patients and coordinate care with other specialties.

Several characteristics make CKD an ideal model for identifying and evaluating methods for more effectively designing and using EHRs to allow clinicians to better care for patients with chronic conditions. “CKD is common and its care is suboptimal, allowing significant room to show improvement as EHRs are optimized, and because CKD is defined by objective data, the disease is an ideal example of a condition that can be easily identified by information commonly found in EHRs,” said Dr. Patel, who is chair of the working group. “CKD care also requires collaboration between diverse professionals across numerous healthcare settings, which could be facilitated by EHRs. Furthermore, CKD often heralds increased risk for hospitalizations, cardiovascular events, and all-cause mortality, so EHR-based improvements in CKD management may in turn improve care for these related conditions.”

The National Institute of Diabetes and Digestive and Kidney Diseases will host a conference for stakeholders in CKD health information technology, population health management, and public health research in the Fall of 2015 to begin to identify specific solutions for the recommendations included in this article.

<http://www.niddk.nih.gov/news/events-calendar/Pages/ckd-populations-2015.aspx>

Study co-authors include, Patrick Archdeacon, MD, Clement McDonald, MD, Neil Powe, MD, MPH, MBA, Kimberly Smith, MD, MS, Jenna Norton, MPH, Desmond E. Williams, MD, PhD, and Andrew Narva, MD.

The National Kidney Disease Education Program and its Health Information Technology Working Group are programs of the National Institute of Diabetes and Digestive and Kidney Diseases, a part of the National Institutes of Health.

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The article, entitled “CKD as a Model for Improving Chronic Disease Care through Electronic Health Records,” will appear online at <http://cjasn.asnjournals.org/> on June 25, 2015.

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To set up interviews with Dr. Narva:
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