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## **CERTAIN VULNERABLE GROUPS ARE LESS LIKELY TO USE E-HEALTH RESOURCES**

*Among patients with chronic kidney disease, race, income, and age impacted use*

### **Highlight**

- Black race, lower neighborhood household income, older age, and Medicaid/Medicare insurance status were each linked with less use of an electronic health record portal by kidney disease patients.

**Washington, DC (October 22, 2015)** — Disparities exist in kidney disease patients' access to e-health resources, according to a study appearing in an upcoming issue of the *Clinical Journal of the American Society of Nephrology* (CJASN). Such disparities may reinforce or widen existing health-related inequities that relate to race and income.

Enabling kidney disease patients to use an Internet site that acts as a portal through which they can access their medical information and communicate with their providers may empower patients, improve their knowledge about kidney disease, and help them follow their providers' recommendations. However, there are considerable disparities in health outcomes among patients with chronic kidney disease (CKD) that are related to race and socioeconomic status. Experts worry that differences in patients' adoption of portals could make matters worse.

"Understanding how these technologies are used, by whom, and how it associates with outcomes in the setting of CKD may stimulate interventions to ensure more equitable access and use of these resources," said Khaled Abdel-Kader, MD, MS (Vanderbilt University). Dr. Abdel-Kader, along with Manisha Jhamb, MD, MPH (University of Pittsburgh) and their colleagues, studied this issue by characterizing adoption of an electronic health record portal among 2803 patients seen between 2010 and 2012 at 4 university-affiliated nephrology offices.

The team found that black race, lower neighborhood median household income, older age, and Medicaid/Medicare insurance status were each linked with lower rates of portal adoption. Medicaid patients had a 47% lower likelihood (vs. the privately insured), African-Americans had 50% lower likelihood (vs. non-African Americans), and 80 year-olds had 71% lower likelihood (vs. 40 year-old patients) of accessing the portal. While portal adoption increased in more recent years (2011, 2012 vs. 2010), disparities in

adoption were still present. Finally, the investigators uncovered evidence that patients who used the portal were more likely to have their blood pressure under control.

“Unfortunately, in the setting of CKD, it appears that black patients and patients of lower socioeconomic status are often left behind when it comes to using these technologies,” said Dr. Abdel-Kader. Additional studies are needed to uncover the barriers that underserved CKD patients may face concerning the use of e-health technologies, and to develop ways to address them.

In an accompanying editorial, Mallika Mendu MD, MBA (Brigham and Women’s Hospital) and her colleagues noted that “the study shows that portals could perversely widen existing disparities in care by advantaging those who are already at an advantage, while not helping the disadvantaged.” To prevent additional inequities in the delivery of care for a condition where disparities already exist requires strategies that are inclusive of vulnerable patient populations, they added.

Study authors include Kerri Cavanaugh, MD, MHS, Aihua Bian, MPH, Guanhua Chen, PhD, T. Alp Ikizler, MD, and Mark Unruh, MD, MSc.

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The article, entitled “Disparities in Electronic Health Record Patient Portal Use in Nephrology Clinics,” will appear online at <http://cjasn.asnjournals.org/> on October 22, 2015.

The editorial, entitled “Electronic health record patient portals in chronic kidney disease and hypertension management: meaningfully used?” will appear online at <http://cjasn.asnjournals.org/>.

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