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IN THIS ISSUE

The article “Root Cause Analysis Reports Help Identify Common Factors in Delayed Diagnosis and Treatment of Outpatients” by Traber Giardina, M.A., M.S.W., and Hardeep Singh, M.D., M.P.H., et al., appeared in the August 2013 edition of *Health Affairs*. Singh is chief of the Health Policy, Quality and Informatics Program at the Houston Veterans Affairs Center for Innovation in Quality, Effectiveness and Safety; and an associate professor of medicine at the Baylor College of Medicine. Giardina is a researcher at the Houston Veterans Affairs Center for Innovation in Quality, Effectiveness and Safety.

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## HEALTH POLICY research

Rice University's Baker Institute-Baylor College of Medicine  
Joint Program in Health Policy Research

### Do electronic health records eliminate delays in outpatient diagnosis and treatment?

No, say Traber Giardina, M.A., M.S.W., and Hardeep Singh, M.D., M.P.H., researchers at the Houston Veterans Affairs (VA) Center for Innovations in Quality, Effectiveness and Safety. “Electronic health records of today are not sufficient to facilitate the level of teamwork needed to prevent delays in the outpatient setting,” they say.

Since 2001, all VA health care facilities have used a comprehensive electronic health record (EHR) that today is considered one of the most advanced in the world. EHRs can facilitate many aspects of patient care, including communication among team members. However, the real-world effectiveness of EHRs is only beginning to be understood. Studying documented breakdowns in care can shed light on vulnerabilities in EHR-based systems. A research team led by Singh analyzed outpatient root cause analysis reports submitted to the VA National Center for Patient Safety from 2005 to 2012, specifically focusing on 111 documented incidents of delayed diagnosis and treatment. In a root cause analysis, a multidisciplinary group investigates a patient safety-related incident to identify and document contributory factors.

On reviewing these in-depth reports, the team identified poor communication and coordination among care team members as one of the primary factors resulting in delayed diagnosis and treatment. Specific problems that led to adverse outcomes included inadequate follow-up planning, delayed scheduling of follow-up care, ineffective mechanisms for tracking test results, inadequate monitoring of patients in need of short-term follow-up, and failure to document plans for follow-up. Communication failures occurred in all cases and involved all types of health care professionals as well as administrative staff. About 10 percent of delays occurred when patients failed to show up for follow-up appointments, did not follow physician instructions or did not seek care in a timely fashion.

Widespread adoption of EHR systems, as currently designed, is not likely to resolve communication and coordination problems to the extent desired. For instance, when patients travel between different providers and different systems of care, the EHR may provide a seamless record of these episodes, but often it remains unclear who is actually responsible for following up abnormal test results or ensuring that patients are returning for important appointments. The need for role clarity and coordination among health care providers is increasingly important as the U.S. health care system shifts away from a physician-centric model of care to accountable care organizations and medical homes. To support these newer models of care, EHR systems need to better facilitate “shared” thinking processes for timely and safe patient care across a team. This could be accomplished by including in the system capabilities for reliable scheduling, tracking and follow-up of patients across multiple settings and providers over time. In addition, EHR functions should acknowledge and include patients as vital members of the health care team.

Giardina and Singh note that it will take more than just better technology to achieve effective communication and coordination in EHR-based systems. Better policies and procedures are also needed to clarify roles and address the diffusion of responsibility. Finally, measures of health care quality should focus more on the effectiveness of communication and coordination among providers; currently used measures do not adequately address these aspects of safety. More robust outpatient-specific measures are needed to support efforts to reduce breakdowns in care and would be essential for the implementation of certain initiatives proposed in the Affordable Care Act.

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**HEALTH POLICY** research presents a summary of findings on current health policy issues. It is provided by **Vivian Ho, Ph.D.**, James A. Baker III Institute Chair in Health Economics at Rice University's Baker Institute, in collaboration with **Laura Petersen, M.D., M.P.H.**, chief of the Section of Health Services Research in the Department of Medicine at Baylor College of Medicine.

This publication aims to make research results accessible to regional and national health policymakers. The views expressed herein are those of the study authors and do not necessarily represent those of the Baker Institute or of Baylor College of Medicine.

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