

Small Offices Underutilize Electronic Records

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Contributing Writer

WASHINGTON — A growing number of small medical practices are turning to electronic health records to help the office run more smoothly, but few of these practices are using them to directly improve patient care, according to findings from a small study presented at the annual symposium of the American Medical Informatics Association.

Christopher E. West, Ph.D., and his colleagues at the University of California, San Francisco, surveyed 30 doctors, nurses, and physicians' assistants working in solo or small group practices. They were working in 16 offices spread across 14 states.

All but one said they use the electronic health records system for documenting patient care at least 75% of the time, and half said they use it all the time. At least 80% of the respondents said they use the system most of the time for visit coding,

writing prescriptions, or viewing lab results, Dr. West reported.

That kind of "basic functionality" of electronic health records software seems to have largely replaced paper in those offices, he said.

But the researchers also found that offices were not as quick to adopt more advanced functions for improving patient care.

Only 13% said they took advantage of functions that can generate lists of patients

in need of follow-up care. Only about one-quarter used features enabling patient self-management plans or doctor visit summaries.

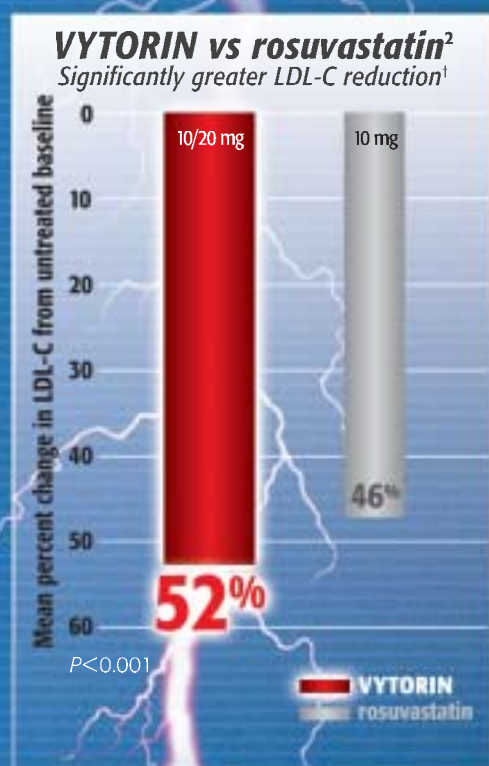
"Doctors are still not using electronic health records for quality improvement," Dr. West said.

Still, the study suggests that stubbornness may not be to blame.

Half of respondents said their software came with adequate training, but the other half called their training fair or poor. ■

enough, in 2 separate head-to-head studies

VYTORIN provide that atorvastatin 50% at a usual starting dose^{1,2,3} mean LDL-C reduction



➤ VYTORIN 10/40 mg lowered LDL-C more than rosuvastatin 20 mg (55% vs 52%, $P=0.001$).²

➤ VYTORIN 10/80 mg lowered LDL-C more than rosuvastatin 40 mg (61% vs 57%, $P<0.001$).²

[†] Data from a multicenter, randomized, double-blind, active-controlled, 6-arm, parallel-group study designed to evaluate the efficacy and safety of VYTORIN vs rosuvastatin over a 6-week period. Patients with hypercholesterolemia (N=2,959) were randomized to 1 of 6 treatment groups: VYTORIN 10/20, 10/40, or 10/80 mg or rosuvastatin 10, 20, or 40 mg. Mean baseline LDL-C level for both VYTORIN 10/20 mg and rosuvastatin 10 mg was 172 mg/dL.²

SELECTED CAUTIONARY INFORMATION (cont)

The concomitant use of VYTORIN and fibrates (especially gemfibrozil) should be avoided. Although not recommended, the dose of VYTORIN should not exceed 10/10 mg if used with gemfibrozil. The benefit of further alterations in lipid levels by the combined use of VYTORIN with niacin should be carefully weighed against the potential risks of myopathy. The dose of VYTORIN should not exceed 10/10 mg daily in patients receiving cyclosporine or danazol, and 10/20 mg daily in patients receiving amiodarone or verapamil.

Liver: It is recommended that liver function tests be performed before the initiation of treatment and thereafter when clinically indicated. Additional tests are recommended prior to and 3 months after titration to the 10/80-mg dose, and semiannually for the first year thereafter.

VYTORIN is not recommended in patients with moderate or severe hepatic insufficiency.

In clinical trials, the most commonly reported side effects, regardless of cause, included headache (6.8%), upper respiratory tract infection (3.9%), myalgia (3.5%), influenza (2.6%), and extremity pain (2.3%).

Please read the brief summary of Prescribing Information on the adjacent page.

References: 1. Ballantyne CM, Abate N, Yuan Z, King TR, Palmisano J. Dose-comparison study of the combination of ezetimibe and simvastatin (Vytorin) versus atorvastatin in patients with hypercholesterolemia: the Vytorin Versus Atorvastatin (VIVA) Study. *Am Heart J*. 2005;149:464-473. 2. Catapano AL, Davidson MH, Ballantyne CM, et al. Lipid-altering efficacy of the ezetimibe/simvastatin single tablet versus rosuvastatin in hypercholesterolemic patients. *Curr Med Res Opin*. 2006;22:2041-2053. 3. IMS HEALTH, NPA Plus[™], NRx, July 2006.

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VYTORIN
(ezetimibe/simvastatin)
tablets