

EHR improves coordination of care in hematuria work-up

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(HealthDay)—Care coordination, enhanced using an electronic health record system, can reduce the number of health care visits needed for the work-up of hematuria, according to a study published in the July issue of *The Journal of Urology*.

Jessica T. Casey, M.D., from Northwestern University in Chicago, and colleagues analyzed outcomes in 106 patients referred for microscopic and gross hematuria who were evaluated using Inflection Navigator, a protocol-based, electronic health record-enabled care coordination system developed to support [primary care physicians](#) evaluating newly discovered hematuria. Outcomes were compared to those of 105 patients referred to the same urology department for hematuria who were not

evaluated using this system.

The researchers found that patients in the care coordination group completed the evaluation with significantly shorter time between referral and the completion of the imaging and cystoscopy components of the assessment (mean, 40.9 versus 74.1 days). Health care costs were potentially decreased using the system by significantly decreasing the mean number of urology visits needed to complete an evaluation, from 2.1 in the standard referral group to 1.6 in the care coordination group.

"A protocol-based care coordination system for hematuria decreased the time needed to complete an evaluation and decreased the number of overall visits required to make a final diagnosis," the authors write.

The Inflection Navigator is a project of the Szollosi [Healthcare Innovation](#) Program, which partially funded the study.

More information: [Abstract](#)
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