

Cohesive care team ups health benefit of EHR use in diabetes

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The researchers found that for patients with higher-cohesion primary care teams, EHR use correlated with an average decrease of 0.11 percent for A1C, compared with a 0.08 percent decrease for patients with lower-cohesion teams. EHR use correlated with a decrease of 2.15 mg/dL for LDL-C for patients with higher-cohesion primary care teams, compared with a decrease of 1.42 mg/dL for patients with lower-cohesion teams.

"Patients cared for by higher-cohesion primary care teams experienced modest but statistically significantly greater EHR-related health outcome improvements, compared with [patients](#) cared for by providers practicing in lower-cohesion teams," the authors write.

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(HealthDay)—Electronic health record (EHR)-related health improvement is greater for patients with diabetes cared for by primary care teams with higher cohesion, according to a study published online Dec. 10 in the *American Journal of Managed Care*.

Ilana Graetz, Ph.D., from the University of Tennessee Health Science Center in Memphis, and colleagues conducted a retrospective longitudinal study to examine whether team cohesion among [primary care](#) team members impacts the association between EHR use and changes in clinical outcomes for patients with diabetes. Provider-reported primary care team cohesion was combined with laboratory values for patients with diabetes and collected during 2005 to 2009, in the period of staggered EHR implementation. Changes in glycated hemoglobin (A1C) and [low-density lipoprotein cholesterol](#) (LDL-C) were measured for 80,611 patients with [diabetes](#).

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