
Study: Disparities in Use of E-Health Resources



According to researchers, disparities exist in kidney disease patients' access to e-health resources, with race, income and Medicaid/Medicare insurance status impacting use of online portals. Such disparities, the researchers note, may reinforce or widen existing health-related inequities that relate to race and income. Their work is published in the *Clinical Journal of the American Society of Nephrology (CJASN)*.

Web portals enable patients to access their medical information and communicate with their providers, helping them improve their knowledge about kidney disease and follow their providers' recommendations.

"Understanding how these technologies are used, by whom, and how it associates with outcomes in the setting of CKD [chronic kidney disease] may stimulate interventions to ensure more equitable access and use of these resources," says co-author Khaled Abdel-Kader, MD, MS, of the Vanderbilt Center for Kidney Disease, Nashville, Tennessee. Dr. Abdel-Kader and colleagues studied this issue by characterising adoption of an electronic health record portal among 2,803 patients seen between 2010 and 2012 at four university-affiliated nephrology offices.

The results show that black race, lower neighbourhood median household income, older age, and Medicaid/Medicare insurance status were each linked with lower rates of portal adoption. Medicaid patients had a 47 percent lower likelihood (vs. the privately insured), African-Americans had 50 percent lower likelihood (vs. non-African Americans), and 80 year-olds had 71 percent lower likelihood (vs. 40 year-old patients) of accessing the portal. While portal adoption increased in more recent years (2011, 2012 vs. 2010), the researchers still found disparities in portal usage. In addition, the team 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," Dr. Abdel-Kader points out.

The research team says 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, and Sushrut Waikar, MD, MPH, both of Brigham and Women's Hospital, Boston, Massachusetts, note 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."

Strategies that are inclusive of vulnerable patient populations need to be adopted to prevent additional inequities in the delivery of care for a condition where disparities already exist, the authors add.

Source: [American Society of Nephrology](#)

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