Tailoring informatics interventions to patients and healthcare providers

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A “one-size-fits-all” application no longer works to meet user needs and expectations as multiple factors dictate adoption by an individual user, including costs, efficacy, and convenience, among many others. In this issue of JAMIA, we focus on tailoring informatics interventions to patients as well as clinicians. Many of these interventions are based on the information available in the electronic health record (EHR).

In Brief Communications, Dalal (see page 905) reports on the importance of following up on nonurgent results in the EHR, while Li (see page 896) describes a large experiment in “phenotype profiling” conducted in Taiwan. Heintzman (see page 909) discusses how EHRs are still missing important data related to health insurance, while Dixon (see page 917) comments on informatics implications to significantly expand care of Veterans and other populations outside the main health systems that have historically cared for them.

In Perspectives, Hripcsak (see page 921) advocates for more informatics support for social and behavioral domains and measures, and Chung (see page 914) describes the need for incorporating patient-reported outcomes into the EHR.

The Research and Applications articles cover health IT needs in medical homes (see page 815), clinical decision support for management of asthma (see page 773), tailoring of alerts (see page 881) and risk assessment (see page 872) in kidney disease, EHR- (see page 755) and personally controlled information systems (see pages 748, 805), readability of discharge instructions (see page 857), patient portal utilization (see page 888), and patient preferences towards data sharing (see page 821). Sheikh (see page 849) shows how the aims of healthcare reform may leverage health IT, while Ancker (see page 864) measures the association between EHR use and healthcare quality. Hripcsak (see page 794) proposes how to parameterize time in EHR studies.

The important sub-specialty of Pharmacy Informatics is represented by articles related to return on investment for drug–drug interaction alerting systems (see page 764), cost–effectiveness of an electronic medication management system (see page 784), management of duplicate medication alerts (see page 831), and user perceptions of an electronic network for prescriptions (see page 838).

Reviews in the areas of test results display (see page 900) and clinical information modeling (see page 925) complete this issue of the journal.

We hope to continue to provide our readers with the best scholarly work in informatics through the rigorous selection of manuscripts such as the ones featured here. We take this opportunity to thank Chuck Friedman for his many years of service to the journal and to thank Sue Bakken for accepting the role of associate editor. Sue, whose work was published in the first issue of JAMIA in 1994 and has served on the editorial board for many years, is joining a team of outstanding associate editors. Johanna Westbrook has kindly accepted to serve as assistant editor for the journal. I also want to thank Michele Day for editing the Highlights section of JAMIA and many guest associate editors who, during the past 4 years, have helped bring new topics and perspectives to the journal.