

To evaluate the effectiveness of synchronous electronic clinical reminders for professionals of primary care

Submission date 13/09/2012	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 08/10/2012	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 15/04/2020	Condition category Other	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

The aim of this study is to assess the effectiveness of reminders in patients' electronic medical records, to find out whether they improve control of chronic (long-term) diseases such as diabetes, high blood pressure and heart disease, and encourage preventive activity, such as influenza vaccination and smoking cessation.

Who can participate?

Family doctors and nurses of the primary care teams of the Catalan Health Institute

What does the study involve?

Participating primary care teams are randomly allocated into four groups. Three of the groups receive three different types of reminders in their patients' medical records: either pop-up reminders, pop-up reminders and calendar icons, or pop-up reminders, calendar icons and configurability (users can select how the reminders are shown). The fourth group do not receive reminders.

What are the possible benefits and risks of participating?

The main benefit is to provide information targeted to improve patient care when they are visiting, regardless of the reason for the consultation. The risks are minor and are related to some stress for the availability of clinical information unrelated to the reason for patient consultation. This effect is however unimportant, considering that the information is relevant to the health of the patient.

Where is the study run from?

Catalan Health Institute (Spain)

When is the study starting and how long is it expected to run for?

February 2012 to January 2013

Who is funding the study?
Investigator initiated and funded

Who is the main contact?
Dr Manuel Medina Peralta

Contact information

Type(s)
Scientific

Contact name
Dr Manuel Medina Peralta

Contact details
Gran Via de les Corts Catalanes, 587-589
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Additional identifiers

Protocol serial number
P11/62

Study information

Scientific Title
Randomized clinical trial to evaluate the effectiveness of synchronous electronic clinical reminders for professionals of primary care

Study objectives
Main hypothesis:
To provide synchronous electronic clinical reminders in patient records with a clinical situation to be improved, detection of a chronic disease or prevention activity. The electronic clinical reminders improves the clinical practice of professionals by reducing the number of clinical conditions likely to recall and improving its resolution.

Secondary hypothesis:
1. To add trademarks on the agenda of professionals to help prioritize those patients with a greater number of clinical situations which will further contribute to improving clinical practice.
2. To allow the auto-configurability of reminder system and trademarks on the agenda which will further contribute to improving clinical practice.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Ethics Committee on Clinical Research of the Primary Care Research Institute (IDIAP) Jordi Gol. Barcelona, 25/11/2011, ref: P11/62

Study design

Non-blinded randomized controlled trial

Primary study design

Interventional

Study type(s)

Other

Health condition(s) or problem(s) studied

Clinical reminders for chronic diseases in primary care

Interventions

The 270 primary care teams are divided randomly into four groups adjusted by their previous results in a quality of care synthetic indicator (consists of 62 clinical sub-indicators)

The control group consists of professional from 135 teams dont receive intervention.

Professionals from the other three groups receive reminders in the computerized medical record, based on recommendations from clinical practice guidelines and linked to the patient. Reminder status is updated weekly for the duration of the intervention depending on the study subgroup in one of the following:

Subgroup 1: "Reminder in record": Professionals see reminders synchronously with the patient visit and they can directly access the module where the situation is resolved.

Subgroup 2: mark on the agenda: In addition to the intervention of subgroup 1, the professionals see a mark on the agenda by identifying those patients with reminders and the number of these, allowing a greater prioritization of patients to address.

Subgroup 3: auto-configure: In addition to the intervention of subgroup 2, professionals can configure reminders, focusing on those that most interest them, to keep in mind.

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

1. Resolved reminder
2. Time from onset to resolution reminder

Key secondary outcome(s)

1. Type of clinical situation that generates the reminder
2. Type of reminder
3. Characteristics of the team:
 - 3.1. Socioeconomic level of population
 - 3.2. Dispersion level of population allotted
 - 3.3. Existence of post-graduate teaching in family medicine

- 3.4. Existence of undergraduate nursing teaching
- 4. Characteristics of professionals
 - 4.1. Type of professional: physician or nurse
 - 4.2. Age
 - 4.3. Sex
 - 4.4. Type of contract

Completion date

31/01/2013

Eligibility

Key inclusion criteria

3,425 family physicians and 3,262 nurses caring for adult population of the 279 Primary Care Teams (PCT) managed by the Catalan Health Institute.

Participant type(s)

Health professional

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Total final enrolment

6600

Key exclusion criteria

1. Professionals from seven primary care teams involved in another clinical trial related to the emergence of brands in the professional agenda
2. Professionals from two primary care teams that were in a process of reorganization to become four different teams, which made the process of randomization difficult
3. 150 professionals who have a much lower attendance schedule and a very low computerization of their consultations

Date of first enrolment

01/02/2012

Date of final enrolment

31/01/2013

Locations

Countries of recruitment

Spain

Study participating centre
Gran Via de les Corts Catalanes, 587-589
Barcelona
Spain
08007

Sponsor information

Organisation
Primary Care Research Institute (IDIAP) Jordi Gol (Spain)

ROR
<https://ror.org/0370bpp07>

Funder(s)

Funder type
Other

Funder Name
Investigator initiated and funded (Spain)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	29/11/2019	15/04/2020	Yes	No
Protocol article	protocol	07/09/2016		Yes	No