

The effect of computer reminders on prescribing behaviour of GPs

Submission date 20/12/2005	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
Registration date 20/12/2005	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
Last Edited 14/10/2008	Condition category Other	<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
NTR270

Study information

Scientific Title

Study objectives

We hypothesised that this strategy could lead to a considerable and relevant change of prescribing behaviour in the desired direction.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Received from the local medical ethics committee

Study design

Cluster randomised, single blind, active controlled, crossover trial

Primary study design

Interventional

Study type(s)

Diagnostic

Health condition(s) or problem(s) studied

GP prescribing behaviour

Interventions

A clustered RCT with incomplete block design was executed in the Maastricht and Eastern-South Limburg region.

Randomisation took place on practice level into two blocks: 25 GPs received reminders on antibiotics and asthma/chronic obstructive pulmonary disease (COPD) prescriptions, 28 GPs received reminders on cholesterol prescriptions. All GPs were told that they were participating in a trial, but they were blind for the fact that they only received part of the prescribing reminders.

A computer-reminder-system with reactive reminders was developed to lead to a change in prescribing behaviour in the desired direction. All relevant prescription was written to a special database. GPs were obliged to register a diagnosis for all patients with asthma/COPD, cholesterol related disease or infections for which antibiotics were prescribed. The diagnosis, anamnesis, prescription information as well as information about the patient and GP in question was written to this database.

The character of the reminders could be less or more persuasive and contained various types of reminders: alternative type of drugs, other doses, alternative drug administration, specific indication, other length of prescribing, not to prescribe anything or refer to specialist.

The guidelines on which the reminders were based were developed by multidisciplinary expert teams. The topics were selected because of high prevalence of the health problems and contained antibiotics, asthma/COPD related drugs and cholesterol lowering drugs.

Intervention Type

Other

Phase

Not Specified

Primary outcome(s)

The central measure in our trial: prescription according to the guideline recommendation as a percentage of total prescriptions of that drug in block A and B.

Key secondary outcome(s)

Other measures are: absolute number of reminders per GP per year/ per total patient contacts per year in block A and B

Completion date

01/10/2006

Eligibility**Key inclusion criteria**

One inclusion criterion for inviting GPs to the intervention was using a specific medical information system for GPs called MicroHis.

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Key exclusion criteria

Does not comply with the above inclusion criteria

Date of first enrolment

01/10/2003

Date of final enrolment

01/10/2006

Locations**Countries of recruitment**

Netherlands

Study participating centre

Academic Hospital Maastricht
Maastricht
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Sponsor information

Organisation

Care and Public Health Research Institute (CAPHRI) (The Netherlands)

ROR

<https://ror.org/02jz4aj89>

Funder(s)

Funder type

Other

Funder Name

VGZ Eindhoven (The Netherlands)

Funder Name

CZ Health Insurance Company (CZ Actief in Gezondheid) (Netherlands)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration