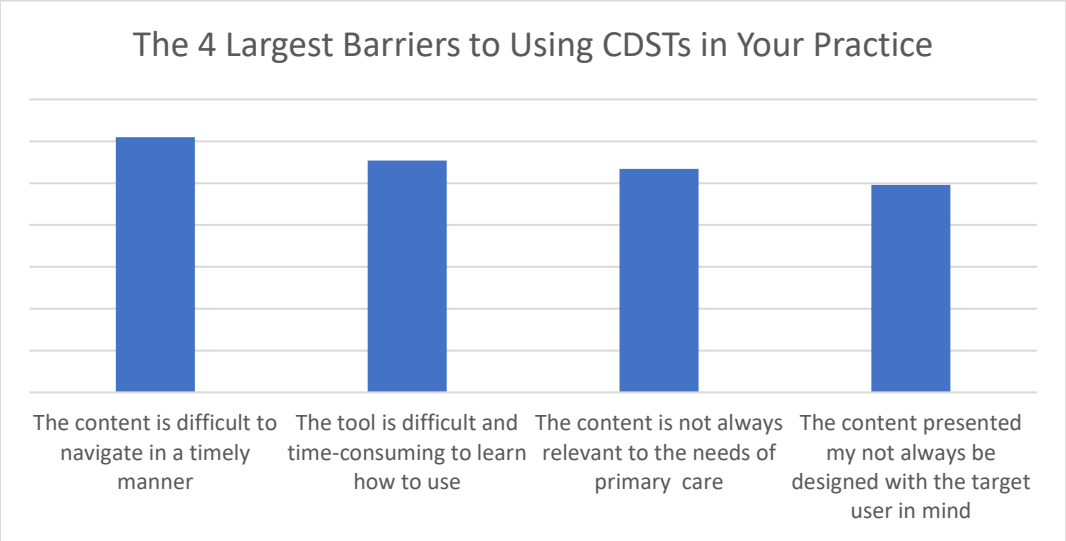
Alberta Family Medicine E-Panel – April 2018

This E-Panel was focused on the use of Clinical Decision Support Tools (CDSTs) and what can be done to strengthen them for primary care. The December issue of the E-Panel explored the benefits and barriers to use of clinical care pathways, and this month respondents were asked to answer questions about CDSTs, and how they can be better accepted and used by primary care physicians. Below is a summary of the results from the E-Panel:



When asked about the largest barriers to using CDSTs in their practice, respondents were asked to rank eight different options, with the ones above ranked as the largest barriers overall. An interesting aspect of this question is that even when analyzed based on practice location (urban vs. rural) or practice type (solo vs. group) these remained the top four choices, just in different configurations.

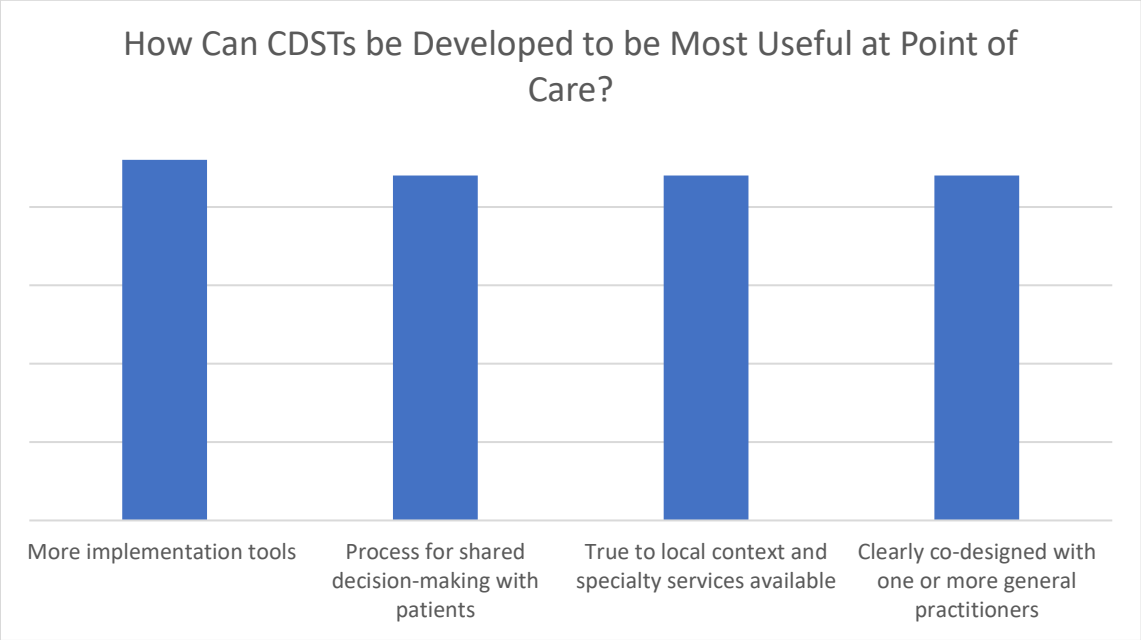
Barriers that were missed in the list of eight were:

- The tool not considering a patient that has more than one condition
- Integration into the various EMRs so things that are available at point of care
- Updated easily as the patient progresses through the pathway in real time as test are ordered and therapies are tried, etc.
- The rules not necessarily in the patient's best interest, but guided by cost
- Don't know where to find them – need a central repository for all pathways
- No time to go through a pathway while seeing patients – family physicians are just too busy
- Often there is little to no engagement from family physician colleagues to give input into pathway development
- Clinical barriers, like having to stop meds before a certain test – some patients would rather get something unpleasant than stop their meds for that long

What would make the content of CDSTs relevant to your practice needs?

- If it were evidence-based and developed by family physicians
- If it helped me managed patients and decide who to refer easily, while being able to explain that to the patient

- If it was designed with the whole patient in mind
- If it included practical approaches that can be performed within a typical primary care visit (i.e. 10 minutes)
- If they had a simple launch or integration system through the EMR with timely updates
- If it included links to local services
- If there was a pathway "form" within the EMR with a combination of autopopulated and free text fields that would generate a referral pathway when completed.
- If I received CME credits for reading the guidelines



The chart above shows the most popular ways that CDSTs can be developed to be most useful at point of care. Respondents were asked to check all choices that applied out of ten options, and these four were clearly the most favoured. These four also did not change based on practice type or location.

Finally, respondents were asked to list their favourite CDST, and give a brief explanation why – the following is a listing of some of their favourites:

- Chronic Kidney Disease Pathway
- NAFLD Pathway
- Canadian Cardiovascular Society App (iCCS)
- Assessment Adult Insomnia Pathway
- H. Pylori pathway
- CVD Risk Calculator
- Medical Cannabinoids CPG
- Dyslipidemia CPG
- GI Pathways
- Specialist Link in Calgary

The Alberta Family Medicine E-Panel is an initiative supported by the Alberta College of Family Physicians, Alberta Health Services Strategic Clinical Networks™, Alberta Health Services Primary Health Care Integration Network, and the Alberta Medical Association. If you would like to be a member of this e-panel, please contact Adam Filiatreault at Adam.Filiatreault@acfp.ca