Population-oriented ICT-supported preventive care: Coping with local circumstances

No registrations found.

Ethical review	Positive opinion
Status	Pending
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON22726

Source
NTR

Brief title
SUNRISE

Health condition

Prevention, Primary care, computerized decision support, Electronic health record

Sponsors and support

Primary sponsor: Dr Jacobus T van Wyk
Prof Johan van der Lei
Dr Marc AM van Wijk
Mees Mosseveld
Source(s) of monetary or material Support: Non specific grant from ZonMW project 6100.0011

Intervention

Outcome measures

Primary outcome

The change in preventive activities performed by general practitioners in the participating practices during the study compared to the year preceding the study. That is the number of preventive activities that should be performed against the number of preventive activities that were performed as determined by the SUNRISE system. This is logged in the EHR during the study.

Secondary outcome

The change in DISEASE SPECIFIC preventive by general practitioners in the participating practices during the study compared to the year preceding the study. That is the number of preventive activities that should be performed against the number of preventive activities that were performed as determined by the SUNRISE system. This is logged in the EHR during the study.

Study description

Background summary

Prevention is usually positioned as a separate, disease-specific activity (prevention of diabetes mellitus,
prevention of cardiac diseases, etc.). In daily practice, workers in the health care system and often even
the target groups themselves have to integrate (or select between) these separate preventive activities
and merge them with other activities (e.g., curative care).
Information and Communication Technology (ICT) is increasingly used to support preventive tasks. The
intervention strategies developed for this purpose, however, are also characterized by a fragmented,
disease oriented approach (one software module for cardiovascular screening, another module for
diabetes, etc) -- even though the risk factors for individual diseases may overlap.
Ideally, ICT aids an individual practitioner to deliver an effective, integrated set of preventive activities
tailored to the special characteristics of the population served by that individual practitioner. As
illustrated by the separate disease-specific modules, current intervention strategies that use ICT to
support preventive tasks are based on the prevention in the setting of an individual disease; these
interventions do not address the issue of providing, in an environment characterized by limited
resources, the optimal set of preventive activities for an individual population over all diseases.

In this study we will investigate the impact of an ICT-based intervention that allows the practitioner to
tailor preventive activities to a local population and to local procedures. The intervention takes as
starting point the generic activity prevention rather than prevention based on an individual disease.
Rather than support preventive care in the context of an individual disease, we propose an intervention
that supports selecting and tailoring prevention over multiple diseases to the characteristics of the local
population in the light of the local circumstances.
In this study we will conduct a randomized trial to study the feasibility of the intervention.

Study objective

Computerized decision support (CDSS) for tailoring prevention to the local circumstances using the guidelines of the Dutch college of general practitioners has impact on preventive activities in the primary care setting

Study design

- 2007 - contruction software

- up to 2008/03 - validation

- up to 2008/04 - recruitment

- 2008/04 - 2009/03 - trial

- 2009 Analysis

Intervention

Software module (SUNRISE) in the group randomized to recieve intervention that alerts users to the preventitive activities needed in their population based on the recommendations of the Dutch college of general practitioners. This module will be installed at the GP practices randomized to recieve the intervention for 360 days or until GP stops using the HEThis GP information system. The preventative activities can be tailored to the local practice profile and practice preference.

Contacts

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Eligibility criteria

Inclusion criteria

1. Primary care practices in the Netherlands that use the HetHIS (Microbias) EHR to record patient encounters

Exclusion criteria

1. Practices that have been working with the HetHIS EHR for less than a year preceding enrollment

2. Practices that use paper to record patient interactions

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	Placebo

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	01-04-2008
Enrollment:	50
Type:	Anticipated

Ethics review

Positive opinion

Date:	17-03-2008
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL1182
NTR-old	NTR1227
Other	ZONMW : 6100.0011
ISRCTN	ISRCTN wordt niet meer aangevraagd

Study results

Summary results

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