Empowering patients through automated education, information and advice before consultations

Oliver Frank and Nigel Stocks
Discipline of General Practice

Anton Knieriemen
Doctors Control Panel Services Pty Ltd
What is the problem that we are trying to solve?

People who attend general practices receive only some of the recommended care

People are often unaware of this

GP is often also unaware of some of the recommended care - but even when aware, does not mention it
Causes of the problem

• Variations between care indicated for different people depending on age, gender and recorded personal and family history

• Complexity of care indicated for each person

• Care of obvious and immediate problems and needs is preferentially valued and rewarded
Causes of the problem

Patient factors

• Lack of access to records made by health professionals

• Variable interest, motivation and health literacy

GP factors

• Clinical record software still largely passive and does not provide enough active guidance
Patients’ views of GPs’ performance in prevention

“Participants (...) rated their general practitioners as poor at delivering prevention. (...) Opportunistic preventive care occurred infrequently, as GPs were not generally proactive in their approach. (...) Barriers to participants seeking preventive care through their GPs included lack of knowledge about what preventive care was relevant to them. (...) They wanted to be better informed so that they could take action. Receiving reminders or letters of invitation from their GP prompted action, particularly if these targeted their age or life-stage.”

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Our strategy to address the problem

Automatically generate targeted personalised education, information and advice based on the patient’s current status. Present this to the patient at a moment when the patient can act immediately with a minimum of additional time, effort or cost
How can we do this?

By using software that when the patient arrives for a consultation **compar**es **algorit**hms about recommended preventive and other care with data in the patient’s electronic clinical record to generate relevant education, information and advice, that is given to the patient to read while waiting.
Origins of the waiting room software

The waiting room software is built on the Doctors’ Control Panel software: www.doctorscontrolpanel.com.au
GP’s consulting room screen (Best Practice)
Doctors’ Control Panel on-screen display
Red = none on record
Yellow = due to be done now
Green = to be done again in the future
Our strategy

A man walks in to a surgery for his appointment with his GP...
Summary of preventive activities for Mr. Test Patient

Dear Test,  

The following preventive activities are important to help you stay well. The advice below is based on the information that we have in your record. If any of it is incorrect, please tell me. I will be pleased to explain in our consultation what the information and advice below means for you.

Dr. Mary Goodheart

When we meet in a few minutes, please ask me about these activities that are due to performed for you now:

**Bowel cancer** is a common cancer in people over the age of 50. Your last bowel cancer screening test was performed on 17/12/2012. We should arrange another bowel cancer test for you today or at your next visit.

**High blood pressure** increases the risk of stroke, heart attack, kidney failure and poor circulation in the legs. Your last blood pressure reading was 140/90 on 14/04/2009. We should measure your blood pressure today or at your next visit.

**Pneumonia** is a serious illness, especially for older people. We can protect you against pneumonia by immunising you. We have no record of a pneumonia immunisation for you. We should immunise you against pneumonia today or at your next visit.
Important information to help you to stay well
Chlamydia test

Dear Test,

Chlamydia is the most common sexually-transmitted infection. It can cause pelvic inflammation in women, and infertility in both men and women. It often has no symptoms. We can diagnose Chlamydia easily with a urine test or cervical swab. All sexually active people aged 15 to 29 years should be tested for Chlamydia every year, or if they have new sexual partners. We can cure Chlamydia with antibiotics.

We have no Chlamydia test on record for you.

When we meet in a few minutes, please ask me about having a test for Chlamydia.

Dr. Kylie Goodheart
Pilot trials were successful


“Yes it gave me information that I didn’t know – for example the injection I can have to stop me getting pneumonia - because I have bad chest infections in winter - and I didn’t know I should still be having smear tests.” M23, female, 59 years.

“It helps you get more out of the consultation. It’s a useful way to spend the time while you’re waiting If I have to wait 15 minutes to see the doctor I would much rather read this than the “Woman’s Day” or the news. It reinforces the consultation.” H32, male, 37 years.

“It helped because it raised awareness about things and prompted me to ask about things I hadn’t thought about before.” H5, female, 33 years.
New trials recruiting soon

Changes in performance of preventive care from automated pre-consultation patient prevention information sheets: randomised controlled trial

Victoria
Associate Professor Meredith Temple-Smith
Department of General Practice
University of Melbourne

New South Wales
Professor Nick Zwar
School of Public Health and Community Medicine
University of New South Wales
Pricing
The beta versions of the DCP software are currently available free of charge

Contact
Dr. Oliver Frank
Discipline of General Practice
University of Adelaide

oliver.frank@adelaide.edu.au

Phone 0407 181 683