

Can a “Smart Form” Increase Physicians’ Satisfactions with Managing Patient Health Behavior Risks? Results of a Physician Satisfaction Survey

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Abstract *Results of a pilot study suggest that the Coronary Artery Disease and Diabetes Mellitus Smart Form may help clinicians in managing diet and exercise in patients with chronic diseases by making patient handouts and exercise prescriptions readily available at the time of the visit.*

Introduction Managing weight, diet and exercise in patients with Coronary Artery Disease (CAD) and Diabetes Mellitus (DM) is an important component of disease management. Guidelines recommend that physicians encourage their patients with these chronic diseases to exercise¹, and studies show that exercise counseling can be effective^{2,3}. However, physicians do not feel confident in their ability to design and prescribe exercise programs.⁴ Current clinical decision support (CDSS) tools typically aim to assist physicians to prescribe medications, provide preventive services, and update coded information in the patient EHR. CDSS could also assist physicians in managing these chronic diseases by providing recommendations and patient handouts regarding diet and exercise. This pilot study evaluates changes in physicians’ perceived ability to manage smoking, weight, diet and exercise in their CAD and/or DM patients after using a new EHR tool.

Methods Twenty-six physicians at Partners-affiliated primary care clinics participated in a pilot of the CAD/DM Smart Form (SF), an EHR-based documentation tool that incorporates patient chart review, effective coded data capture and actionable clinical decision support on one page. The SF assists clinicians to order appropriate medications, make referrals, and print instructions and educational handouts. These handouts cover topics such as “Weight Loss – The First Steps,” and also include exercise “prescriptions.” The SF also facilitates referrals to nutritionists. The pilot period ran from March 6 to May 16, 2006. We surveyed pilot users before and after to see if using the SF increased physicians’ perceived ability to manage smoking, weight, diet and exercise in their care of patients with CAD and/or DM.

Results Response rates for the pre-survey was 65% and 54% for the post survey. Based on feedback collected during the pilot and in the post survey, overall reactions to the CAD/DM SF were positive. 71% of post survey

respondents would recommend the SF to other clinicians. Although not significant, responses suggest that the CAD/DM SF marginally improved physicians’ satisfaction with their treatment of smoking (47% in the pre survey were satisfied with their ability to manage smoking as compared to 57% in the post survey), managing weight (17% to 21%) and managing diet and exercise (6% to 29%). Overall, more than half of all respondents to the SF post survey (57%) reported that printing patient instructions was one feature in the SF they found very helpful. In addition, 64% of pilot physicians agree that the CAD/DM SF helps them comply better with guidelines and 71% feel the SF helps them improve the quality of patient care.

Conclusion Clinical decision support tools typically aim to assist physicians in prescribing medications, updating coded information in the patient’s record and scheduling referrals and labs. Our survey results suggest that these tools could be helpful in the management of other behavioral risk factors related to chronic diseases not easily managed with medication, such as diet and exercise counseling. The physician’s ability to get patients involved in their own care, through handouts and “exercise prescriptions” may be one important step in helping to manage health behavior risks in patients with chronic diseases.

References

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