Use of a clinical information system to support the cancer pathway - How does technology support this? Presentation of a study protocol

Thomas Ostersen Mukai, Peter Vedsted, Frede Olesen, Flemming Bro
Research Unit for General Practice, University of Aarhus, Vennelyst Boulevard 6, DK-8000 Aarhus C, Denmark

Background

So far, few randomized controlled trials have been conducted on the benefits of using information technology to support the cancer patient pathway. The relatively low incidence and the complexity of cancer pathways sometimes make it difficult for the general practitioner (GP) to give the patients satisfactory advice. This may lead to diagnostic delay, treatment delay, lack of continuity and of seamless pathways and low patient satisfaction.

Objectives

Our aim is to clarify to which degree clinical information support systems can provide GPs and patients with on-time and updated information about agreed care pathways and to examine the effect on delay, use of and adherence to guidelines and doctor and patient satisfaction.

Subjects

We intend to conduct two randomized controlled trials:
1. The cohort, in the first trial, will consist of 2000 women enrolled in a mammography screening programme in one of five Danish regions.
2. In the second trial, we plan to enroll 2000 men who are in the primary phase of investigation for prostate cancer through PSA testing.

Methods

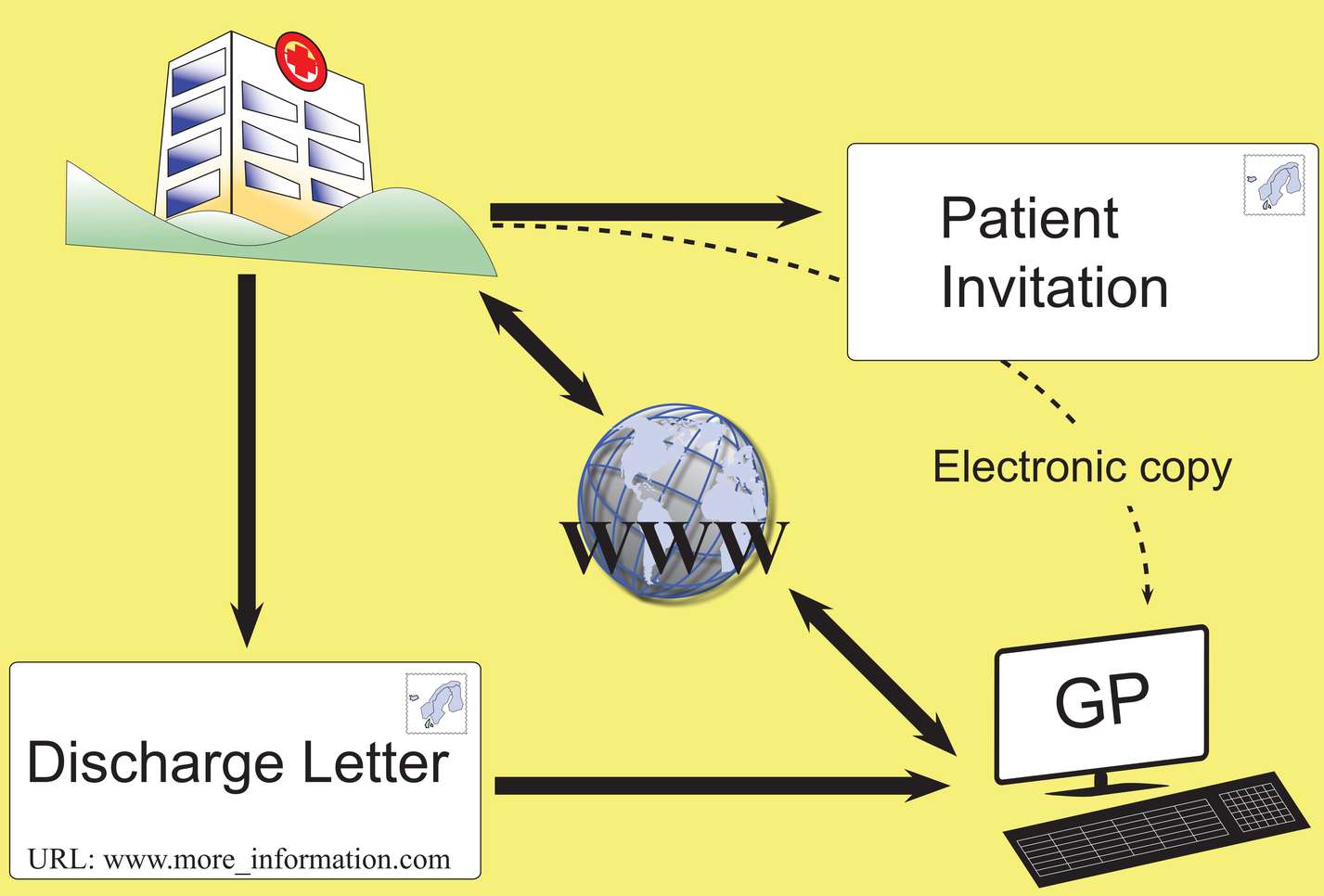
In both randomized trials the intervention consist in URL links into the discharge letter.

In the first study, we will send an electronic notice to the GP containing a URL to an on-line resource with further information on the upcoming mammography.

This information will enable the GP to give the invited women advice on why to undergo mammography.

After the mammography has taken place, an electronic notice containing test results will be sent to the GP.

This notice will also contain URLs to further information determined by the test results, thus providing the GP with specific information on which pathway to follow.



The second study will be based on the same elements, but the URLs will be inserted into the laboratory results.

The URLs wil link to an on-line resource where further information about “what to do next” and result interpretation are stored.

Results

The main outcome measures will be: Use of health care services, clinical satisfaction, patient experienced continuity, use of further tests and adherence to guidelines. These data will be collected through questionnaires to patients and GPs, from registers and from logs on use of the online resource.

thomas.mukai@alm.au.dk

UNIVERSITY OF AARHUS

THE RESEARCH UNIT FOR GENERAL PRACTICE
Aarhus