

GP's Compliance with Computerized Recommendation for Cardiovascular Prevention. Lesson From Computerized Community Cardiovascular Control (4C-N)

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Background: Treatment gap is a major obstacle to deliver cardiovascular disease (CVD) prevention. Computerized decision support systems may improve guidelines adherence depending on physician's compliance.

Aim: To evaluate physician compliance with computerized recommendations. Methods: Computerized primary care data were processed by a computerized automatic risk-profile identify patients with or at high-risk for CVD using the European Score and the Framingham indexes. Clinical recommendations were generate for patients, aged 30-74 years, who visited one of 50 largest primary care clinics in the southern district. The responses to recommendations were evaluated.

Results: During 15 months period 108,636 patients were evaluated by 4C-N processor. 12.4% of the patients were considered as having CVD or being at high cardiovascular risk, of which 70% were enrolled to the 4C intervention. Only 8% of patients did not require any recommendations. 92% of patients required preventive measurements. GP's adopted recommendations in 55% of cases. The GP perform lab tests/adopted pharmacotherapy recommendations in 20%/23% for hypertensive, 24%/34% for dyslipidemic, and 36%/13% for diabetics patients accordingly. However, alternative measures were taken by GP's.

Conclusions:

The 4C-N system detected a considerable amount of patients that requires further cardiovascular evaluation by the GP. Only 8% of high risk patients achieved target levels in all parameters. In over 55% some 4C recommendations were being applied. GP's non-adherence is a major obstacle for effective prevention.