

Evaluation of Professional Practices (EPP) and clinical audit as an efficient method to improve preventive practices in primary care.

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BACKGROUND

✓ Integrating preventive care guidelines into clinical practice and implementing changes has been modest across all medical specialties and countries. ¹

✓ The effectiveness of continuing medical education and continuing professional development is often disappointing. ²

HYPOTHESIS

Continuing professional development on a systematic approach of prevention associated with a clinical audit is effective.

AIM

To estimate the impact of this training on the filling out by the general practitioners of 12 evidence based prevention items in their patient's medical records.

MATERIAL AND METHODS

- ✓ Selection of 12 prevention items based on their strength of evidence
- ✓ Medical training :
 - December 2008 – June 2009
 - 9 primary care physicians
 - 16 hours of continuing professional development about a systematic approach of prevention
- ✓ Clinical audit :
 - 15 medical charts of patients from 20 to 60 years old were randomly selected
 - Physicians had to fill out a form to assert the presence or the absence of those 12 prevention items in the patients' medical charts
- ✓ Primary criterion : the rate of chart documentation on the 12 prevention items at baseline and post-intervention

RESULTS

Table : Rates of chart documentation on each specific prevention items at baseline (Before) and post-intervention (After).

Evidence based prevention item	Before	After	Change
Family history of sudden death and/or myocardial infarction (<55 for men and <65 years old for women)	48%	61%	+ 27% [§]
Family history of early stroke (<45 years old)	45%	61%	+ 34% [§]
Family history of breast and/or ovary cancer	53%	55%	+ 4%
Cholesterol level	84%	88%	+ 4%
Tetanus Immunization	38%	54%	+ 40% [§]
History of smoking	73%	84%	+ 15%
History of alcohol	55%	73%	+ 33% [§]
Sexual risk-taking behaviour	41%	62%	+ 52% ^{§§}
Blood pressure	93%	90%	- 2%
Colorectal cancer screening (fecal occult blood)	21%	48%	+ 130%
Breast cancer screening (breast exam + mammogram)	59%	82%	+ 40%
Cervical cancer screening (Papanicolaou smear)	30%	63%	+ 108% [§]

Documentation of 6 of the 12 prevention items showed a statistically significant change ([§] $p < 0.05$; ^{§§} $p < 0.001$) in favor of the intervention.

DISCUSSION

- ✓ Improving the documentation of medical charts does not mean changing medical practices
- ✓ Other evidence-based prevention items could have been selected based on their strength of evidence : Canadian Task Force on Preventive Health Care, US Preventive Services Task Force, Etc
- ✓ Interpretation of these results is difficult because of the sample's small size (but the data collection should be automated to increase it) and because of the lack of measure of chart documentation further away from the training and audit
- ✓ A prospective cluster randomized controlled trial is needed to assess the effectiveness of such an intervention in improving the delivery of preventive health services

CONCLUSION

This intervention based on a medical training and a clinical audit appears as a feasible method of evaluation and improvement of evidence-based preventive health services in primary care.

REFERENCES

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