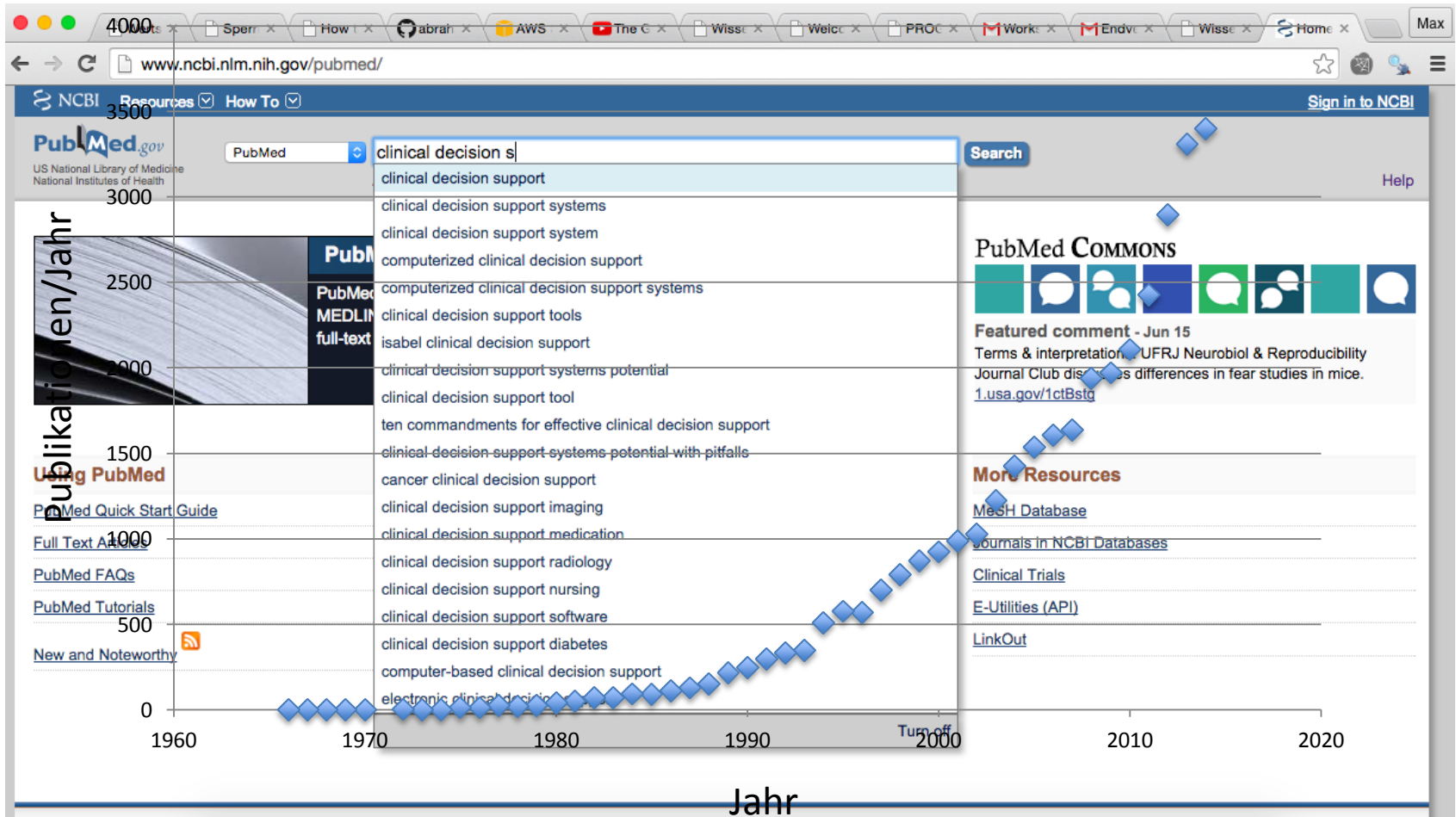


Evidenz für klinische Entscheidungsunterstützung

Dr. Max Plischke

Literatur: „Clinical Decision Support“

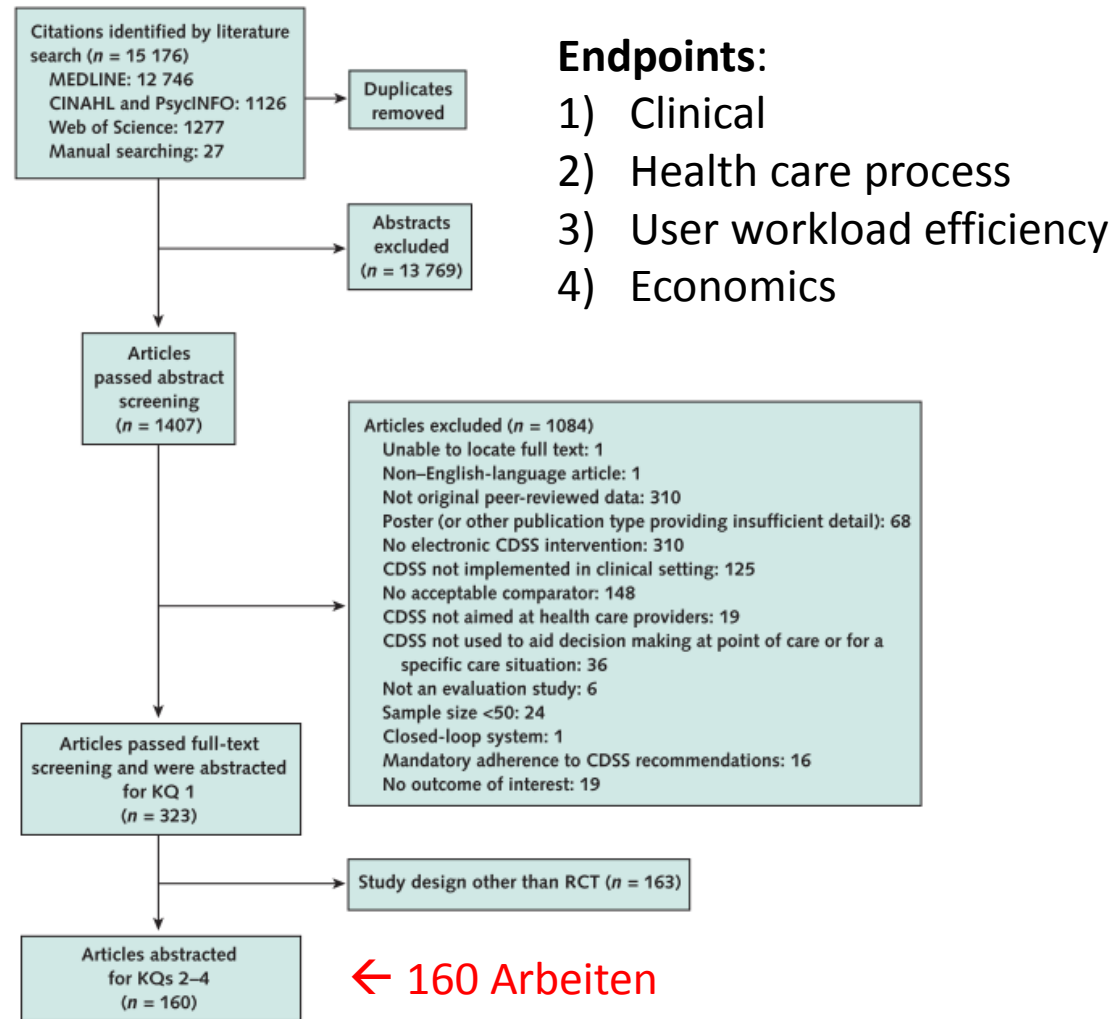
36211 Publikationen



Evidenz Level



Appendix Figure. Summary of evidence search and selection.



CDSS = clinical decision-support system; KQ = key question; RCT = randomized, controlled trial.

Outcome: Health Care Process

Outcome	Evidence Strength	Studies (Quality Rating), <i>n</i>	Meta-analysis Result for Outcomes	Studies Included in the Meta-
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The screenshot shows the JAMA website interface. At the top, the JAMA logo and 'The Journal of the American Medical Association' are displayed. Below the logo is a navigation bar with links: Home, Current Issue, All Issues, Online First, Collections, CME, and Multimedia. The date 'November 9, 2005, Vol 294, No. 18 >' is shown. On the left side, there are social media icons for Twitter, Facebook, and Google+. The main article title is 'Clinical Decision Support and Appropriateness of Antimicrobial Prescribing' with the subtitle 'A Randomized Trial'. A red 'FREE' badge is next to the subtitle. The authors listed are Matthew H. Samore, MD; Kim Bateman, MD; Stephen C. Alder, PhD; Elizabeth Hannah, DVM; Sharon Donnelly, MS; Gregory J. Stoddard, MPH; Bassam Haddadin, MPH; Michael A. Rubin, MD, PhD; Jacquelyn Williamson, MS; Barry Stults, MD; Randall Rupper, MD, MPH; Kurt Stevenson, MD, MPH. Below the authors is a link for '[+] Author Affiliations'. At the bottom of the article preview, the citation 'JAMA. 2005;294(18):2305-2314. doi:10.1001/jama.294.18.2305.' is provided. On the right side of the citation, there is a 'Text Size' option with three icons: A, A, A.

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Original Contribution | November 9, 2005

Clinical Decision Support and Appropriateness of Antimicrobial Prescribing

A Randomized Trial **FREE**

Matthew H. Samore, MD; Kim Bateman, MD; Stephen C. Alder, PhD; Elizabeth Hannah, DVM; Sharon Donnelly, MS; Gregory J. Stoddard, MPH; Bassam Haddadin, MPH; Michael A. Rubin, MD, PhD; Jacquelyn Williamson, MS; Barry Stults, MD; Randall Rupper, MD, MPH; Kurt Stevenson, MD, MPH

[+] Author Affiliations

JAMA. 2005;294(18):2305-2314. doi:10.1001/jama.294.18.2305.

Text Size: A A A

Dexter et al, JAMA, 2004

Samore, JAMA, 2005

Raebel, JAMA Internal Medicine, 2005

Outcome: Clinical

JAMA Internal Medicine
Formerly *Archives of Internal Medicine*

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February 23, 2009, Vol 169, No. 4 >

[< Previous Article](#) [Next Article >](#)

Original Investigation | February 23, 2009

Patient and Physician Reminders to Promote Colorectal Cancer Screening
A Randomized Controlled Trial **FREE**

Thomas D. Sequist, MD, MPH; Alan M. Zaslavsky, PhD; Richard Marshall, MD; Robert H. Fletcher, MD; John Z. Ayanian, MD, MPP

[\[+\] Author Affiliations](#)

Arch Intern Med. 2009;169(4):364-371. doi:10.1001/archinternmed.2008.564.

Text Size: [A](#) [A](#) [A](#)

Sequist et al. Arch Intern Med., 2009

HRQOL = health related quality of life

Outcome: Economic

Clinical Care/Education/Nutrition/Psychosocial Research

ORIGINAL ARTICLE

Cost-Effectiveness of the Diabetes Care Protocol, a Multifaceted Computerized Decision Support Diabetes Management Intervention That Reduces Cardiovascular Risk

FRITS G.W. CLEVERINGA, MD¹
PACO M.J. WELSING, PHD¹
MAUREEN VAN DEN DONK, PHD¹
KEES J. GORTER, PHD¹

LOUIS W. NIESSEN, PHD^{2,3,4}
GUY E.H.M. RUTTEN, PHD¹
WILLIAM K. REDEKOP, PHD²

OBJECTIVE — The Diabetes Care Protocol (DCP), a multifaceted computerized decision support diabetes management intervention, reduces cardiovascular risk of type 2 diabetic patients. We performed a cost-effectiveness analysis of DCP from a Dutch health care perspective.

RESEARCH DESIGN AND METHODS — A cluster randomized trial provided data of DCP versus usual care. The 1-year follow-up patient data were extrapolated using a modified Dutch microsimulation diabetes model, computing individual lifetime health-related costs, and health effects. Incremental costs and effectiveness (quality-adjusted life-years [QALYs]) were estimated using multivariate generalized estimating equations to correct for practice-level clustering and confounding. Incremental cost-effectiveness ratios (ICERs) were calculated and cost-

levels lead to fewer micro- and macrovascular complications and improve health outcomes. Intensive treatment, based on current guidelines, might lead to lower health care costs. However it seems difficult to follow guidelines, and many type 2 diabetic patients do not meet the strict targets for good glycemic and cardiovascular control.

New strategies like the Diabetes Care Protocol (DCP) have been developed to improve the quality and management of diabetes care (6). The DCP comprises several interventions, including a diabetes consultation hour run by a practice nurse,

Cleveringa et al, Diabetes Care, 2010

Outcome: User Workload & Efficiency

User workload and efficiency outcomes

Effect on user knowledge	Insufficient	5 (4 fair, 1 poor)	NA	–
Number of patients seen per unit time	Insufficient	0	NA	–
Clinician workload	Insufficient	0	NA	–
Efficiency	Low	7 (3 good, 4 fair)	NA	–

Relationship-centered outcomes

Patient satisfaction	Insufficient	6 (4 good, 1 fair, 1 poor)	NA	–
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Insufficient Evidence

Zusammenfassung

- „Clinical Decision Support“ **wächst** beträchtlich (dzt. 3500 Artikel/Jahr)
- Analyse einer aktuellen Meta-Analyse (160 RCTs)
 - Hohe Evidenz
 - Recommended **treatment** ordered/prescribed
 - Recommended **preventive care service** ordered
 - Moderate Evidenz
 - Morbidity
 - Recommended **clinical study** ordered/completed
 - Cost
- **Viel Potential!**