Quality improvement

Recall to a general practitioner or to a nurse clinic improved assessment in patients with coronary artery disease


QUESTION: In patients with coronary artery disease (CAD), what is the effectiveness of audit and feedback recall to a general practitioner (GP), and recall to a nurse clinic for improving secondary preventive care?

Design
Cluster randomised [allocation concealed]†, unblinded, controlled trial with 18 months of follow up.

Setting
21 general practices in Warwickshire, UK.

Materials
Patients
2142 patients with established CAD (a previous diagnosis of myocardial infarction and angina, and receiving antianginal drugs or revascularisation by percutaneous transluminal coronary angioplasty or coronary artery bypass). 1906 patients (mean age 66 y, 68% men) completed the study.

Intervention
7 practices were allocated to 1 of 3 quality improvement approaches: audit and feedback (audit group, 559 patients), recall to the GP (GP recall group, 682 patients), and recall to the nurse clinic (nurse recall group, 665 patients). Summary audit results of preventive care were given to each practice at baseline. Practices assigned to the GP and nurse recall groups were given resources to set up registers and recall systems for regular review of patients.

Main outcome measures
The primary outcome was adequate assessment of 3 risk factors (blood pressure, cholesterol, and smoking status) at 18 months. The main secondary outcomes were treatment with hypotensive agents, lipid lowering drugs, and antiplatelet drugs.

Main results
The increase in adequately assessed patients was greater in the GP and nurse recall groups than in the audit group (p = 0.002) (table). The increase in use of antiplatelet drugs was greater in the nurse recall group than in the audit group (p=0.009), but the GP recall and audit groups did not differ for use of antiplatelet drugs (p=0.61) (table). The groups did not differ for change from baseline of the recorded treatment with hypotensive agents (rates at follow up were 78%, 73%, and 66% for the audit, GP recall, and nurse recall groups, respectively) (p=0.35) or lipid lowering drugs (rates at follow up were 37%, 41%, and 40% for the audit, GP recall, and nurse recall groups, respectively) (p=0.63). Furthermore, the groups did not differ for clinical outcomes (blood pressure, total cholesterol concentrations, or cotinine concentrations; all p values > 0.05).

Conclusion
In patients with coronary artery disease, recall to a general practitioner or to a nurse clinic was more effective than audit and feedback for improving risk assessment but not for drug prescribing or clinical outcomes.

† Information provided by author.
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