

Computer-generated reminders on paper benefit quality of care

Clinical Question

Compared with usual care, how effective are computer-generated reminders delivered on paper to healthcare professionals on quality of care and patient outcomes?

Bottom Line

There was moderate evidence that computer-generated reminders delivered on paper to healthcare professionals slightly improved quality of care in terms of compliance with preventive and disease management guidelines (6.8% increase). It was uncertain whether reminders improved patient outcomes. Providing space on the reminder for a response from the clinician, providing an explanation of the reminder's content or advice, and providing a reference to an influential source were associated with larger effect sizes. The heterogeneity of the reminder interventions also suggested that reminders can be implemented in various settings for various health conditions.

Caveat

All but two studies took place in outpatient care. None of the studies reported outcomes related to harms or adverse effects.

Context

Clinical practice does not always reflect best practice and evidence, partly because of unconscious acts of omission, information overload, or inaccessible information. Reminders may help clinicians overcome these problems by prompting them to recall information that they already know or would be expected to know and by providing information or guidance in a more accessible and relevant format, at a particularly appropriate time.

Cochrane Systematic Review

[Arditi C et al. Computer-generated reminders delivered on paper to healthcare professionals: effects on professional practice and healthcare outcomes. Cochrane Reviews, 2017, Issue 7. Art. No.: CD001175.DOI: 10.1002/14651858.](#)

[CD001175.pub4](#). This review contains 35 studies involving 137,973 participants.

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Effective practice and organisation of care
Computer-generated reminders, paper-delivered, healthcare professionals,
professional practice, healthcare outcomes
1y, 2y

Update of Cochrane Review published in December 2012, including 3 new studies and several other countries

PEARLS summarise Cochrane reviews that are relevant to primary care. They contain the minimal information required for a clinician to either use an effective treatment or stop using an ineffective treatment. Where available they will contain numbers needed to treat and to harm.

PEARLS are created to assist with the dissemination of Cochrane reviews.

PEARLS are developed for trained health professionals in primary care. They are educational only and not meant to advise on specific clinical treatment.

We have started with the new reviews and will work our way back through the library.

PEARLS are developed by the Department of General Practice, University of Auckland, the Co-convenors of the Cochrane Primary Care Field New Zealand Branch of the Australasian Cochrane Centre and funded by the New Zealand Ministry of Health. Brian McAvoy is an Honorary/Adjunct Professor of General Practice at the Universities of Auckland, Melbourne, Monash and Queensland.