

Use of clinical decision-support system can improve HIV care

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Use of a clinical decision-support system appears to be beneficial in HIV care, with improvements noted in CD4 cell counts and clinic follow-up, according to a study published in the Dec. 4 issue of the *Annals of Internal Medicine*.

(HealthDay)—Use of a clinical decision-support system (CDSS) appears to be beneficial in HIV care, with improvements noted in CD4 cell counts and clinic follow-up, according to a study published in the Dec. 4 issue of the *Annals of Internal Medicine*.

Gregory K. Robbins, M.D., M.P.H., from Massachusetts General Hospital in Boston, and colleagues examined the efficacy of a CDSS in improving HIV outcomes in a [randomized controlled trial](#) involving 33 HIV care providers who followed 1,011 patients with HIV. In the [intervention group](#), interactive computer alerts were generated for virologic failure, suboptimal follow-up, and abnormal test results, which facilitated rescheduling of appointments and repeat laboratory testing

(FastTrack). Static alerts were received for the control group.

The researchers found that, in the intervention versus control group, the mean [CD4 cell count](#) increase was significantly greater (0.0053 versus 0.0032×10^9 cells/L per month; $P = 0.040$) and the rate of six-month suboptimal follow-up was significantly lower (20.6 versus 30.1 events per 100 patient-years; $P = 0.022$). In the intervention group, the median time to next scheduled appointment was significantly shorter after a suboptimal follow-up alert (1.71 versus 3.48 months) and after a toxicity alert (2.79 versus >6 months). Adoption of the CDSS as part of standard care was supported by more than 90 percent of providers.

"The principles of FastTrack may readily transfer to other HIV clinical settings and inform the design of systems to support disease management and improve outcomes in HIV as well as other [chronic diseases](#)," the authors write.

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