Clinician nudge ups initiation of statin prescribing in primary care

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A clinician nudge alone or combined with a patient nudge can increase initiation of statin prescribing during primary care visits, according to a study published online Nov. 30 in *JAMA Cardiology*.

Srinath Adusumalli, M.D., from the University of Pennsylvania Perelman School of Medicine in Philadelphia, and colleagues examined statin prescribing for 158 clinicians from 28 primary care practices (with 4,131 patients) to determine whether nudges to clinicians, patients, or both can increase initiation of statin prescribing.

The usual care group received no interventions; the clinician nudge included an active choice prompt in the electronic health record during the patient visit and monthly feedback on prescribing patterns; the patient nudge included an interactive text message delivered four days prior to the visit; and the combined nudge included both clinician and patient nudges.

The researchers found that during the preintervention period, statins were prescribed to 5.6, 4.8, 6.0, and 4.7 percent of patients in the usual care, patient nudge, clinician nudge, and combined groups, respectively. During the intervention, statins were prescribed to 7.3, 8.5, 13.0, and 15.5 percent of patients in the usual care, patient nudge, clinician nudge, and combined nudge groups, respectively.

Relative to usual care, there was a significant increase observed in statin prescribing for the clinician nudge alone and when combined with the patient nudge; however, the patient nudge alone did not significantly change statin prescribing.

"These findings demonstrate the potential benefit and scalability of using nudges to change prescribing behavior through automated processes within the electronic health record," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.


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