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Effectiveness of a web-based, electronic medical records-integrated patient agenda tool to improve doctor-patient communication in primary care consultations: A pragmatic cluster-randomized controlled trial study

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Abstract

Background: Doctors may struggle to identify patient agendas during busy primary care consultations. Therefore, an online patient agenda tool (the Values in Shared Interactions Tool-VISIT) was developed which allowed patients to enter their agenda items pre-consultation for doctors to view on their electronic medical records (EMR). This study aimed to measure the impact of this EMR-integrated website on patient satisfaction, number of agenda items discussed and consultation time. Methods: An unblinded cluster-randomized controlled trial was conducted in a university-based primary care clinic between June-October 2019. Twenty-five family medicine trainees were randomized into using the VISIT tool (intervention) and usual care (control). Descriptive analysis showed significant differences between arms for age, occupation and mobile device proficiency scores. These were entered as covariates in trial analyses. Primary outcome was mean self-reported patient satisfaction score using the Healthcare Provider-Patient Communication (HCPPC) questionnaire, secondary outcomes were mean agenda items per consultation and mean consultation time. Results: The intervention arm had 12 doctors and 109 patients; the control arm had 13 doctors and 137 patients. Participation rates were 25.5% for intervention vs 53.6% for control. There was no difference between arms for patient satisfaction scores (133.3, 95% CI: 130.67-135.88 intervention vs 134.0, 95% CI: 131.76-136.29 control, $P = .680$) and consultation duration (15.83 min, 95% CI: 13.66-17.99 intervention vs 15.45 min, 95% CI: 13.57-17.34 control, $P = .805$). Mean number of agenda items discussed was higher in the intervention arm (2.25 items, 95% CI: 2.06-2.44 intervention vs 1.94 items, CI 95%: 1.78-2.11, $P = .024$). Conclusions: Integrating patient agendas into the EMR did not affect patient satisfaction compared to usual care but was associated with a slightly increased number of agenda items without an increase in

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consultation time. This shows it may be useful for a busy primary care setting with multiple comorbidities and short consultation times.

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