
Support Tool Tailors Preventive Care Recommendations



U.S. national prevention guidelines fail to account for comorbid conditions and patient preferences like lifestyle, cost, convenience, and side effects. Applying guidelines can be a challenge for physicians who have limited clinical time to prioritise recommendations and for patients. This can lead to poorly understanding health guidelines and exacerbates low adherence to them. A decision support tool can help physicians better navigate and communicate health guidelines to patients and help patients understand them. To this end, a clinical trial led by Dr Glen Taksler at the Cleveland Clinic examined the feasibility and acceptability of a support tool for increasing patient engagement in preventative care to address these issues. The tool shows individualised preventive care recommendations to patients and physicians primarily based on survey responses.

About 104 patients and 20 physicians in the Cleveland Clinic Health System between 2017 and 2020 participated. The study enrolled patients (ages 45 to 70 years) with two or more high-risk factors and examined the management of six closely related asymptomatic conditions, including hypertension, hyperlipidaemia, diabetes, and obesity. Survey-recorded outcomes were compared between groups receiving decision tool-tailored recommendations (intervention group) and usual care (control group). Primary outcomes included patient self-reported interest in individualised preventive care recommendations. In contrast, secondary outcomes included shared decision-making, decisional comfort, readiness to change, and preventive services received within one year.

Intervention patients found the tool helpful and wanted to use it again. More intervention than control patients understood which services would improve their life expectancy and which ones would not. Intervention patients reported greater improvement in shared decision making and near-term readiness to change. As a group, intervention patients experienced larger reductions in the percentage of body weight, systolic blood pressure, glycated haemoglobin (diabetes measurement), ten-year atherosclerotic cardiovascular disease risk score, and low-density lipoprotein cholesterol than the control group. Nineteen of 20 physicians in the study wanted to continue using the decision tool in the future.

The team summarised: 'In a pilot clinical trial, an individualised preventive care decision-support tool improved patient understanding of primary prevention and demonstrated promise for improved shared decision-making and preventive care utilisation.'

Sources: [JAMA Network Open](#), [NCT03023813](#)

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