Background

- Integrated clinical prediction rules (CPRs) will aid in transforming medical knowledge into daily clinical practice.
- CPRs are validated tools that predict diagnosis, prognosis or treatment response, like the CENTOR criteria, the CAGE and the CHADS2 Score. 
- CPRs integrated into electronic clinical decision support tools have demonstrated the ability to shape health care provider behavior towards more evidence based clinical practice. However, provider adoption continues to be a significant barrier.

Objective

We examine health care provider perceptions of usefulness based on specialty and level of training with the ultimate goal of discovering which types of CPRs might be better adopted by providers.

Study Design and Methods

A web based survey platform was distributed to and completed by 298 providers within two academic medical centers, North Shore-LIJ and Boston University (BU). Participants selected an unlimited number of CPRs they were familiar with from a list of 24. Of those, they selected 3 that they found most useful. They then answered a series of specific questions about the three CPRs they rated as most useful.

Participant Characteristics

- A greater proportion of IM respondents were from North Shore-LIJ and a greater proportion of the EM respondents were from BU.
- There was a male predominance (61%), which paralleled that seen in national data.
- The bulk (75%) of the physicians were between 25 and 39 years old and had 9 or fewer years of practice.

Results

<table>
<thead>
<tr>
<th>Top 5 CPRs by Specialty</th>
<th>Emergency Medicine</th>
<th>Internal Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHADS2</td>
<td>137</td>
<td>34</td>
</tr>
<tr>
<td>Alcohol Abuse CAGE</td>
<td>174</td>
<td>38</td>
</tr>
<tr>
<td>TIMI score(NSTEMI)</td>
<td>159</td>
<td>45</td>
</tr>
<tr>
<td>MELD</td>
<td>152</td>
<td>40</td>
</tr>
</tbody>
</table>

CPR Characteristics

- Easy to Use
- Useful at POP
- Currently Lookup Electronically
- Would Use if Electronic
- Fits into Workflow
- Helps with decision making
- Saves time diagnosing
- Limits independent decision
- Patient too complex to use CPR
- Fits into thought process
- Many Colleagues Use
- Should be standard clinical care
- Overall Usefulness Scale

References