Background Primary care administrative systems contain the medical records of patients’ contacts with primary care services. These data are used to create electronic reminders at the point of care. The reminders, or pop-up prompts, support clinicians to provide good quality care, safe prescribing and to save money. It is suggested that the increasing use of reminders has led to desensitisation and a tendency to ignore the information provided. Our study aimed to explore primary healthcare professionals’ (PHCP) attitudes towards electronic reminders in primary care, to support their enhancement.

Methods Fifteen semi-structured interviews were conducted with general and nurse practitioners based in North West London and Yorkshire, England. PHCPs were selected as a national representative sample across various metrics (position or experience of the PHCP; factors relating to the practice; and the demographic characteristics of the practice population). Topic areas included i) experiences of reminders; ii) perceptions of the validity of the information provided; iii) reminder-related behaviours and iv) views on improvement. We analysed data using a framework approach.

Results We found that PHCPs were familiar with the reminders in their clinical systems. PHCPs believed most were important and supported their work by providing up to date, evidence based information. Significant barriers towards reminders were time constraints; numbers; and the fact that reminders interrupted their natural patient interaction. PHCPs felt frustrated that data requested by a reminder and collected in contacts with other healthcare providers was not shared (for example a blood pressure reading or smoking status). Poorly designed or oversensitive reminders were considered particularly annoying. Feelings towards reminders were not consistent across the participants and often related to experience, roles, consultation styles and interests. Few PHCPs had experienced or heard of negative outcomes after ignoring the information in a reminder, but some did feel guilty or concerned that ignoring a reminder would reflect badly on them. PHCPs felt more training was needed to efficiently manage reminders but highlighted that managing reminders was also the responsibility of the patients.

Conclusion Improving reminders must ensure integration between health care administrative systems (primary, community and hospital); develop more refined algorithms; and consider cognitive workflow of PHCPs.

REFERENCE