

Impact of electronic clinical decision support tools on GP workload: a nested study within the 'ERICA' trial

ERICA: a pragmatic cluster randomised controlled trial assessing the clinical effectiveness and cost-effectiveness of Electronic Risk-assessment for Cancer for patients in general practice)

Summary of the research

Background

GP workload - GPs have a high workload which is increasing in both volume and complexity; as a result, the GP workforce has been described as being in a state of 'crisis'.¹⁻⁸ The emergence of the COVID-19 pandemic has placed further pressures on general practice.⁹⁻¹² GP workload therefore continues to be an increasingly pressing an issue for health professionals, patients and policy makers.

Electronic clinical decision support (eCDS) tools - eCDS tools are designed to provide support to health professionals in their clinical decision making in diagnosis and management of a range of health conditions.¹³⁻¹⁷ Many such tools exist for use by GPs and, in recent years, have increasingly been embedded in electronic form within practice IT systems, drawing data directly from patients' electronic medical records.¹⁸⁻²⁰ The workload implications of GPs using eCDS tools during consultations is unclear. One way of examining GP workload is to look at time spent in consultations with patients²¹, although this is only one element of GP work^{22, 23}.

The ERICA trial - the context for this study is the current cluster randomised controlled trial assessing the clinical- and cost-effectiveness of electronic risk assessment tools (eRATs) in general practice.²⁴ ERICA presents an opportunity to explore the workload implications for GPs of using such tools during consultations. Understanding whether using electronic tools impacts on consultation length and patient 'flow' through consulting sessions may help facilitate the implementation of such tools into practice. The length of consultations and flow of patients through consulting sessions is an important way of looking at workload because these can impact on the stress that GPs experience.^{25, 26}

Aims and Objectives

The aim of the study is to explore the impact on GP workload and patient 'flow' through consulting sessions of GPs using eCDS tools in general practice, such as eRATs to support early cancer diagnosis. The specific objectives are: (1) to identify, describe, and summarise the literature on the use of eCDS tools by health professionals in general practice regarding impact on GP workload (complete); (2) to examine the length of consultations and consulting sessions in which eRATs are activated, comparing these with consultations and sessions in which eRATs are not activated (quantitative data collection within ERICA); (3) to collect qualitative data exploring GPs' experiences of using eRATs, especially in respect of impacts on consultation and consulting-session duration, and on altered patterns of workload and workload scheduling (qualitative interview study).

Outline research plan

A recently-completed scoping review was undertaken in order to establish if there is an existing evidence base regarding the impact on workload associated with the use of eCDS tools in general practice. The review informs the empirical research planned for the subsequent stages of the study, which will consist of a nested quantitative study within the ERICA trial to compare the duration of consultations and whole consulting sessions in which eRATs are activated with those in which the tools are not. This will be followed up with a qualitative study to gather data on experiences of GPs regarding the impact of using eRATs on consultation duration and other aspects of workload.

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