

*Journal of General Internal Medicine*

Supplement to Instructions for Authors

**Capsule Commentaries**

Beginning the spring of 2013, *JGIM* will publish a new feature called “Capsule Commentaries.” These are brief ( $\leq 350$  words with up to 5 references, including the reviewed article) companions to Original Research articles that place the work in the context of other theoretical and/or empirical literature, comment upon methodological strengths and weaknesses, and consider the implications of the results for clinical care, education, or research in general internal medicine or primary care. Capsule Commentaries are solicited by the Editors, with the right of first refusal generally accorded to a peer reviewer of the target Original Research Article. Owing to the need for rapid turn-around, Capsule Commentaries will be peer reviewed by the Capsule Commentary Editor .

Each Capsule Commentary will be published as a stand-alone article with its own Digital Object Identifier (DOI). A short collection of Capsule Commentaries will appear in the print journal just after the Original Research section. The following examples, illustrate what the Editors are looking for. We hope that this editorial innovation stimulates scientific dialog while giving peer reviewers an opportunity to share their expertise and critical thinking with a broad audience.

*Capsule Commentaries*

***Capsule Commentary on Persell et.al, Electronic Health Record-Based Patient Identification and Individualized Mailed Outreach for Primary Cardiovascular Disease Prevention: a Cluster Randomized Trial.***

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This trial by Persell et al.(1) tested an intervention that leveraged electronic health records to identify patients with risk factors for cardiovascular disease but not receiving statin treatment. The investigators provided a list of patients meeting these criteria to clinicians and mailed personalized letters to these patients offering advice regarding the benefit of statin treatment, controlling hypertension or quitting smoking. The result was not more contacts with primary care clinicians, but more *productive* contacts with respect to cardiovascular risk reduction. In particular, a greater proportion of intervention patients received statin prescriptions with a non-significant trend towards greater hypertensive treatment. While there was no difference in LDL levels at 9 months, a post-hoc analysis at 18 months showed benefit.

In addition to being post-hoc, interpretation of the findings at 18 months is hampered by the fact that the control group received feedback reports at 9 months. Thus, it is unclear if findings at 18 months are attributable to the patient letters alone or a function of the time necessary for the combined intervention to have an impact on measured cholesterol values. Previous studies have compared audit and feedback versus audit and feedback plus mailed patient educational reminders with mixed results (2). To move the field forward, researchers should determine how to best develop and implement interventions by conducting multi-arm trials comparing different

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versions of quality improvement strategies and by embedding qualitative methods within quality improvement trials (3).

For clinicians and administrators, this study provides an example of how data can be used to automate routine tasks while supporting patients and clinicians to achieve evidence-informed decision-making. Unfortunately, electronic health records are not a panacea (4) and many providers are unable to fully leverage data for quality improvement (5). Furthermore, this study aimed to improve primary prevention of cardiovascular disease; practices with limited quality improvement resources should focus on higher-risk populations.

#### References

- 1) Persell SD, Lloyd-Jones DM, Friesema EM, Cooper AJ, Baker DW. et.al, Electronic Health Record-Based Patient Identification and Individualized Mailed Outreach for Primary Cardiovascular Disease Prevention: a Cluster Randomized Trial. *J Gen Intern Med.*
- 2) Ivers N, Jamtvedt G, Flottorp S, Young JM, Odgaard-Jensen J, French SD, O'Brien MA, Johansen M, Grimshaw J, Oxman AD. Audit and feedback: effects on professional practice and healthcare outcomes. *Cochrane Database of Systematic Reviews 2012, Issue 6.* Art. No.: CD000259. DOI: 10.1002/14651858.CD000259.pub3
- 3) Lewin S, Glenton C, Oxman AD. Use of qualitative methods alongside randomised controlled trials of complex healthcare interventions: methodological study. *BMJ.* 2009 Sep 10;339:b3496. doi: 10.1136/bmj.b3496.
- 4) Lau F, Price M, Boyd J, Partridge C, Bell H, Raworth R. Impact of electronic medical record on physician practice in office settings: a systematic review. *BMC Med Inform Decis Mak* 2012;12:10.
- 5) Gold MR, McLaughlin CG, Devers KJ, Berenson RA, Bovbjerg RR. Obtaining providers' 'buy-in' and establishing effective means of information exchange will be critical to HITECH's success. *Health Aff (Millwood).* 2012 Mar;31(3):514-26.