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A Clinical Reminder Order Check (CROC) Intervention to Improve Guideline- Concordant Imaging Practices for Men with Prostate Cancer: A Pilot Study

Shannon Ciprut, Matthew Kelly, Dawn Walter MPH, Renee Hoffman, Daniel J Becker,
Erica Sedlander, Craig Tenner, Scott E Sherman, Steven Zeliadt, Danil V. Makarov

New York University School of Medicine, VA New York Harbor Healthcare System,
VA Puget Sound Healthcare System

We developed a Clinical Reminder Order Check intervention strategy and pilot tested it at VHANYHHS

The screenshot displays a medical software interface titled "NEW YORK CT ORDERS". The main window shows a list of imaging procedures, with "CT ABDOMEN W/CONT" selected. A dialog box titled "Order an Imaging Procedure" is open, showing fields for "Imaging Type" (CT SCAN), "Imaging Procedure" (CT ABDOMEN W/CONT), "Reason for Study", "Clinical History", "Requestor's ext", "Date Desired" (Mar 20 2015), "Urgency" (ROUTINE), "Transport" (WHEELCHAIR), "Category" (INPATIENT), and "Submit To" (NY-CTRAD). An "Order Checking" pop-up window is overlaid on the dialog, displaying the following text:

(1 of 2) Remote Order Checking not available - checks done on local data only

(2 of 2) **IMAGING ORDER CHECK**
Imaging not recommended to stage men with PSA<10, Gleason<7, and clinical stage<T3.

Imaging recommended for high risk cancer. Excessive imaging may harm patients and waste resources.

Buttons for "Accept Order", "Cancel Order", and "Drug Interaction Monograph" are visible at the bottom of the pop-up window.



The CROC increased guideline-concordance by 1.3 times compared to those treated prior to the intervention.

Quantitative Results for Incident, Low-Risk Prostate Cancer Cases

	Guideline-concordant imaging
Pre-intervention	203 (65%)
Post-intervention	97 (81%)
Total	300 (69%)

Free-Form Response Distribution

Justification	Percent
"Okay" category	51.3%
Vague or unclear Justification	15.6%
Imaging for "other", explicit	11.5%
Statement of high-risk	6.1%
Statement indicating appropriate order	3.9%
Post-Treatment/Advanced	3.7%
Pain	3.3%
Imaging for "other", non-explicit	2.8%
Assigning liability to another provider	1.1%
Radiation planning	0.4%
Monitoring/AS	0.2%

