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Title

Evaluation of Durable Medical Equipment Acquisition in a Family Medicine Residency Clinic

Priority 1 (Research Category)

Observational study (cohort, case-control)

Presenters

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Abstract

Context: Durable Medical Equipment (DME) is a collection of medical devices used to prevent injury, improve function or pain, or aid healing after injury or surgery. These assistive devices are commonly needed by patients in the primary care setting; however, many clinicians struggle to determine where to obtain such items and how to properly order them, leading to frustration and delay in patient care.

Objectives: To evaluate the current avenues being used to obtain DME, such as via physical therapy departments and retailers in Milwaukee, WI and to evaluate the incorporation of a new instructive Epic SmartPhrase and its impact on DME prescription in clinical practices. Study Design: Cohort. Setting: Four residency clinics in a large healthcare system in Milwaukee, WI. Population Studied: Family practice providers including residents, attendings, and nurse practitioners. Intervention: An Epic SmartPhrase, which outlined recommendations on ordering DME for patients, was implemented in February 2021 and was available to providers at four primary care clinics for four months. Main and Secondary Outcome Measures: Prescribing practices measured included frequency of prescriptions, processes to obtain equipment, and barriers to successfully obtaining items for patients. Surveys were administered before and after study period. Surveys measured providers' confidence levels when prescribing DME and if the shared Epic SmartPhrase changed their clinical practice. Results: Paired t-tests were used to compare confidence level before and after intervention of Epic SmartPhrase. The distribution of confidence level approached normal and was similar between the two groups. Conclusions: While data did not support statistically significant change in confidence level, the clinical relevance of improving DME prescribing practices is of importance. Future investigations could expand to more primary care clinics, and their avenues of DME acquisition, to possibly increase the value and sample size.