EDITORIAL

In This Issue: Clinical Decision Support

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Most of the research in this issue is about supporting good clinical decisions, actions, and communication.

Three clinical trials,[1-3] a cohort study,[4] and a systematic review[5] address formal clinical decision support.

Ruffin and colleagues evaluate a self-administered, Web-based tool for assessing familial risk and providing messages about health behavior change and screening that are personalized on the basis of familial risk.[1]

O'Connor et al find that clinical decision support embedded within an electronic health record can modestly improve control of diabetes and hypertension but not affect low-density lipoprotein cholesterol.[2]

Gill and colleagues, in a national, practice-based research network, find a mixed effect of electronic health record alerts for high-risk patients on prescription of nonsteroidal anti-inflammatory agents.[3]

Van der Velde et al find that 2 clinical decision rules, in combination with point-of-care D-dimer testing, can exclude deep venous thrombosis and reduce unnecessary further testing by one-half.

Ebell and Afonso search the literature for multivariate models and clinical decision rules to diagnose influenza. They find modest accuracy for the heuristics of "fever and cough" and "fever, cough, and acute onset."[5]

Together, these studies show that clinical decision aids for either patients or clinicians, can have some effect on improving health care and health behaviors.

Other articles in this issue evaluate contextual factors affecting the clinical decision-making processes.

McKee et al in a qualitative study find that clinicians in urban health centers focus on periodic preventive care visits as the key time to offer time for confidential discussions to adolescent patients.[6]

Studying the policy context for medical decision making, Lesser and colleagues find a mismatch between the financial incentives and the evidence for preventive care for older Americans.[7]

Zayas et al evaluate traditional care for asthma based on the cultural beliefs and practices of Puerto Rican Americans.[8] The typology of remedies emerging from this research can help clinicians to consider more fully the cultural context for health care decision making.

Fiscella analyzes how recent US health care reform legislation presents an opportunity for improved equity.[9]

In one of the 2 methodology studies in this issue, Westfall et al[10] update use of the weekly return card as a fundamental method for practice-based network research. This method was pioneered more than 2 decades ago by the Ambulatory Sentinel Practice Network.[11,12] With another study, Liddy and colleagues advance understanding of methods for fostering interrater reliability in medical record review.[13]

References

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