

# Evaluating Electronic Therapeutic Protocols (eTPs) for Diabetes and Heart Failure in Greece: Results from a Quantitative Survey Amongst Practicing Physicians

Souliotis K<sup>1,3</sup>, Thiraios E<sup>2</sup>, Golna C<sup>3</sup>, Ntokou A<sup>3</sup>, Golnas P<sup>3</sup>

1. University of Peloponnese, Corinth, Peloponnese, Greece,  
2. Athens Medical Society, ATHENS, A1, Greece,  
3. Health Policy Institute, Maroussi, Attika, Greece



HSD108

12-15 November

Copenhagen, Denmark

## Introduction

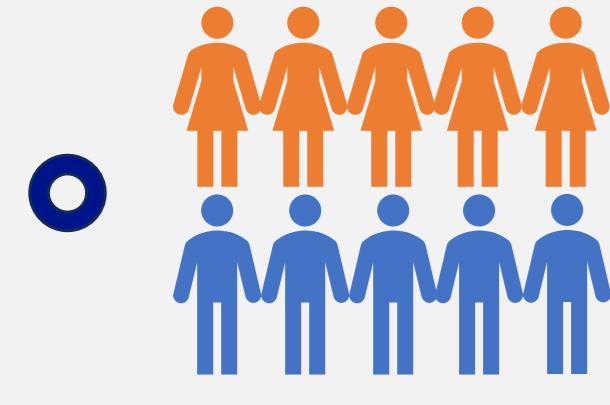
Treatment protocols can enhance successful disease control and improved treatment outcomes whilst minimizing resource wastage; facilitating team-based care; and reducing both unwarranted clinical variability and inappropriate therapeutic inertia<sup>1</sup>. Electronic therapeutic protocols (eTPs) for diabetes and heart failure were introduced in Greece, to inform and guide prescribing practices. Yet, user (i.e., physician) satisfaction with them has not been evaluated to date. We run a quantitative survey to assess value, user-friendliness, data safety, and interconnectivity with other State platforms of eTPs in diabetes and heart failure amongst general practitioners (GPs) and cardiologists in Greece.

## Methods

Participants received an email invitation containing a link to an online survey from the Athens Medical Society, the official scientific partner of eTPs. The survey included 4 sections: a) who (sample demographics, average use of technology and availability of administrative/support staff, b) what (is the added value of therapeutic protocols in clinical practice?), c) how (do you feel about using therapeutic protocols in daily clinical practice?), and d) what's next? (suggestions for future improvement). A 5-point Likert scale (1=not at all, 5= very much) was used to evaluate eTPs' parameters. All responses were anonymous.

## Participants' characteristics

82 physicians



50% women

up to 9 years of work experience

46%

40-59 years old

67%

employed in the public sector

77%

## Summary

eTPs for diabetes and heart failure have been introduced in Greece, to inform and guide prescribing practices. Though considered widely used, there has to-date been no structured evaluation of user satisfaction with them. When surveyed, GPs and cardiologists reported high satisfaction with eTPs as tools to support choice of treatment and facilitate repeat prescriptions. They also considered eTPs easy to use and relatively safe. Nonetheless, they stressed that major improvements should be performed to enhance interconnectivity with State platforms that support clinical practice as well as to update content, including updates in line with international clinical guidelines and information on drug-to-drug interactions.

## Results

- Respondents reported an average daily use of technology of 4-8 hours, to manage patient records, prescribe pharmaceuticals, read new scientific developments or for personal purposes (Figure 1).
- 76% of respondents had no administrative support at their practice
- Respondents considered eTPs very useful in supporting them select the appropriate treatment and issue repeat electronic prescriptions for normalized patients. (Figure 2).
- Respondents considered eTPs' web application to be easily accessible, safe, relatively-up to date and somehow simple to use (Figure 3).

- Respondents reported, on a scale where 1 = less important priority and 5 = most important priority, improvements in interconnectivity with other State platforms as the most pressing change required, followed by improvements in content (e.g., frequent updates to reflect clinical guidelines and information on drug-to-drug interactions) (Figure 4).

Figure 1. Participant average daily use of technology

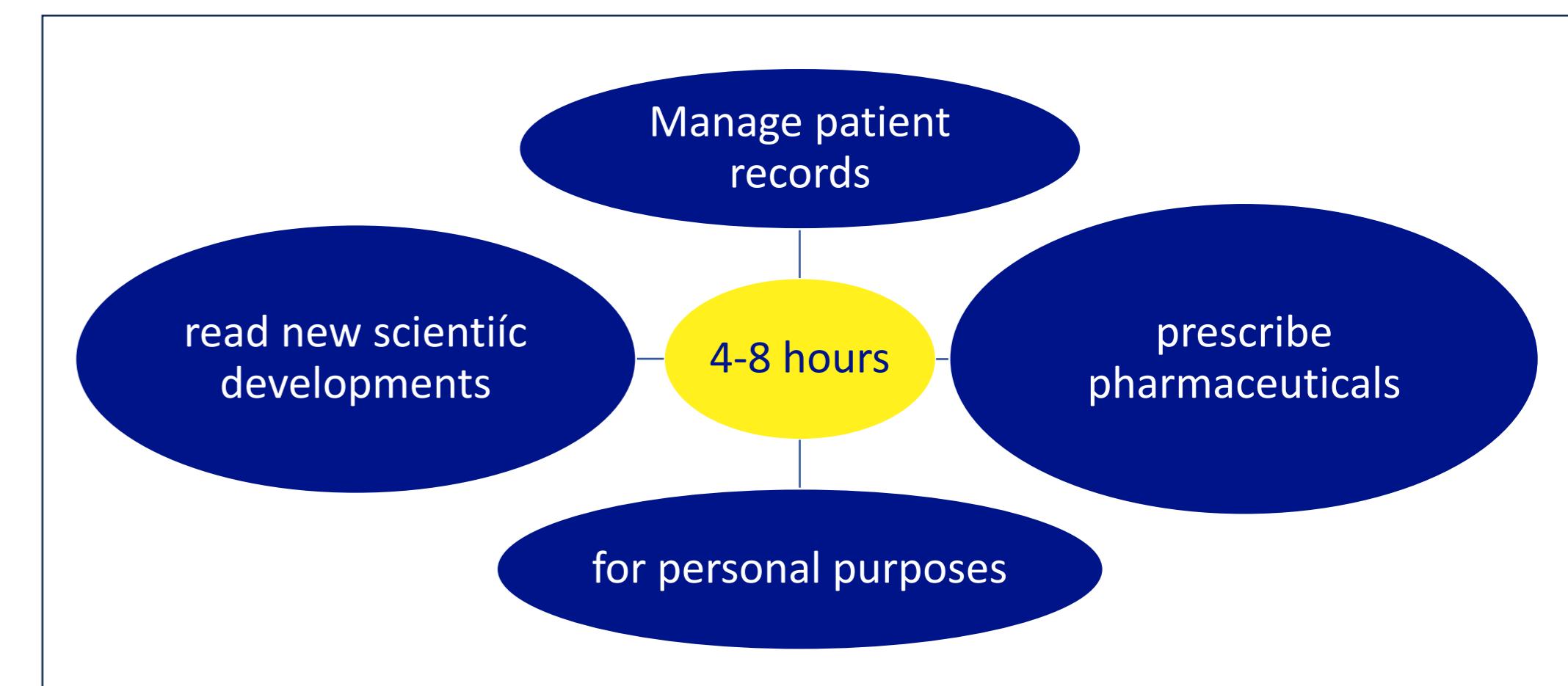


Figure 2. Major perceived usefulness of eTPs

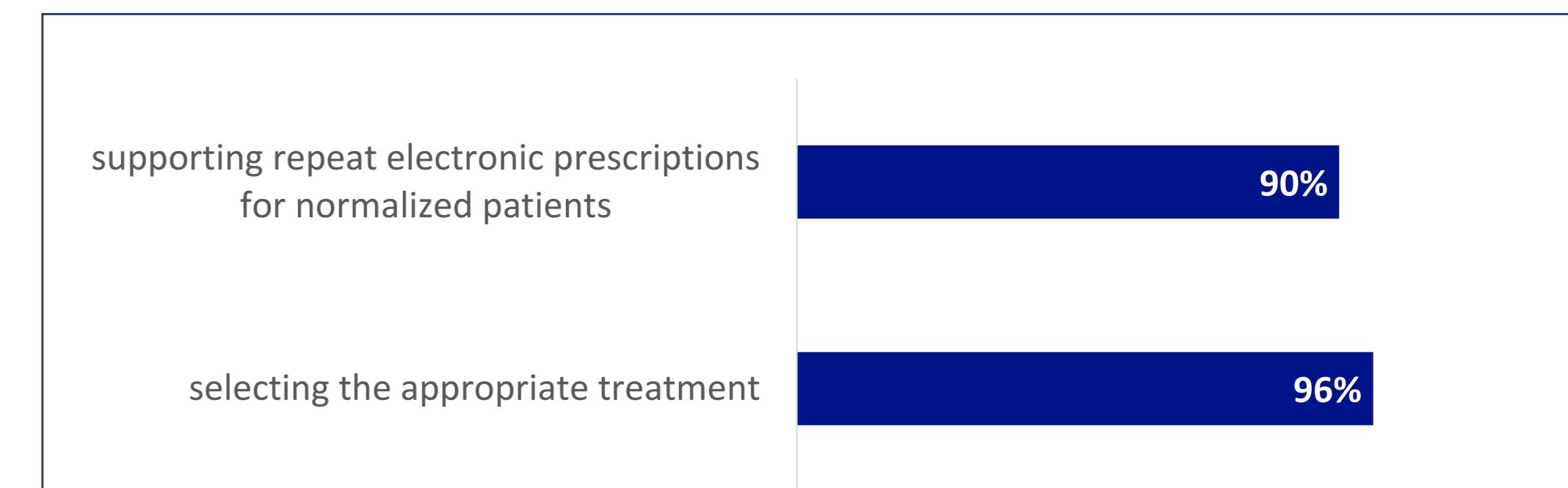


Figure 3. Perceptions of participants on eTPs web application

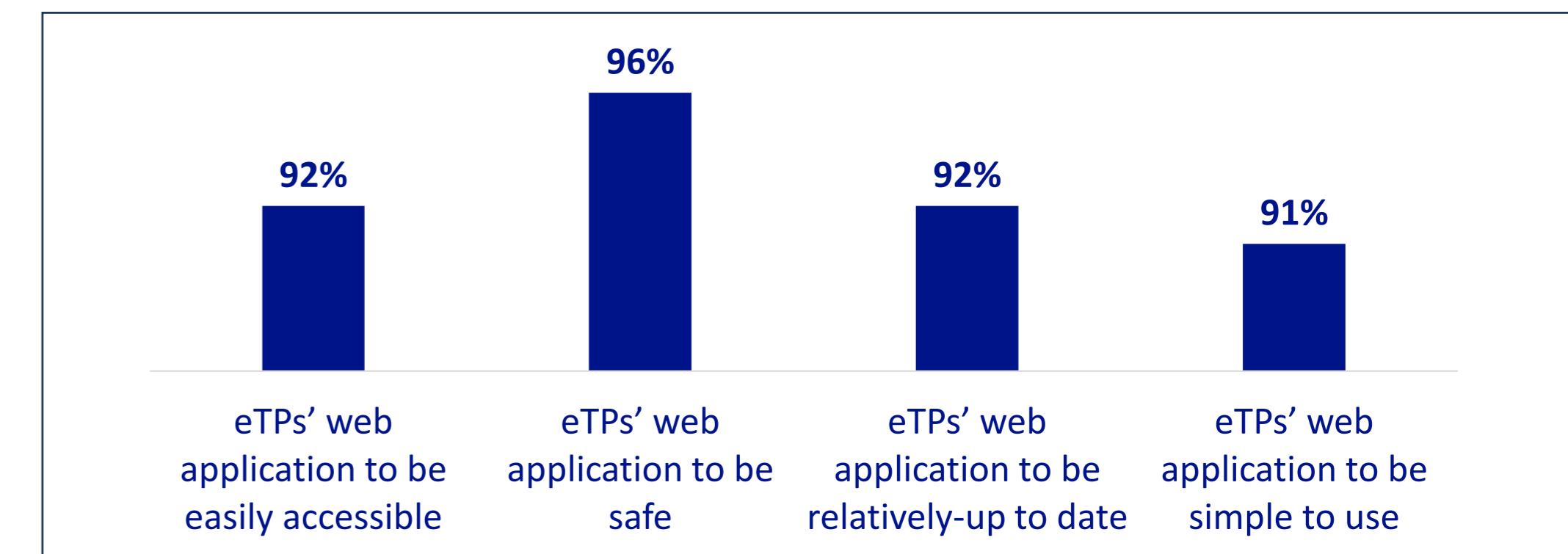
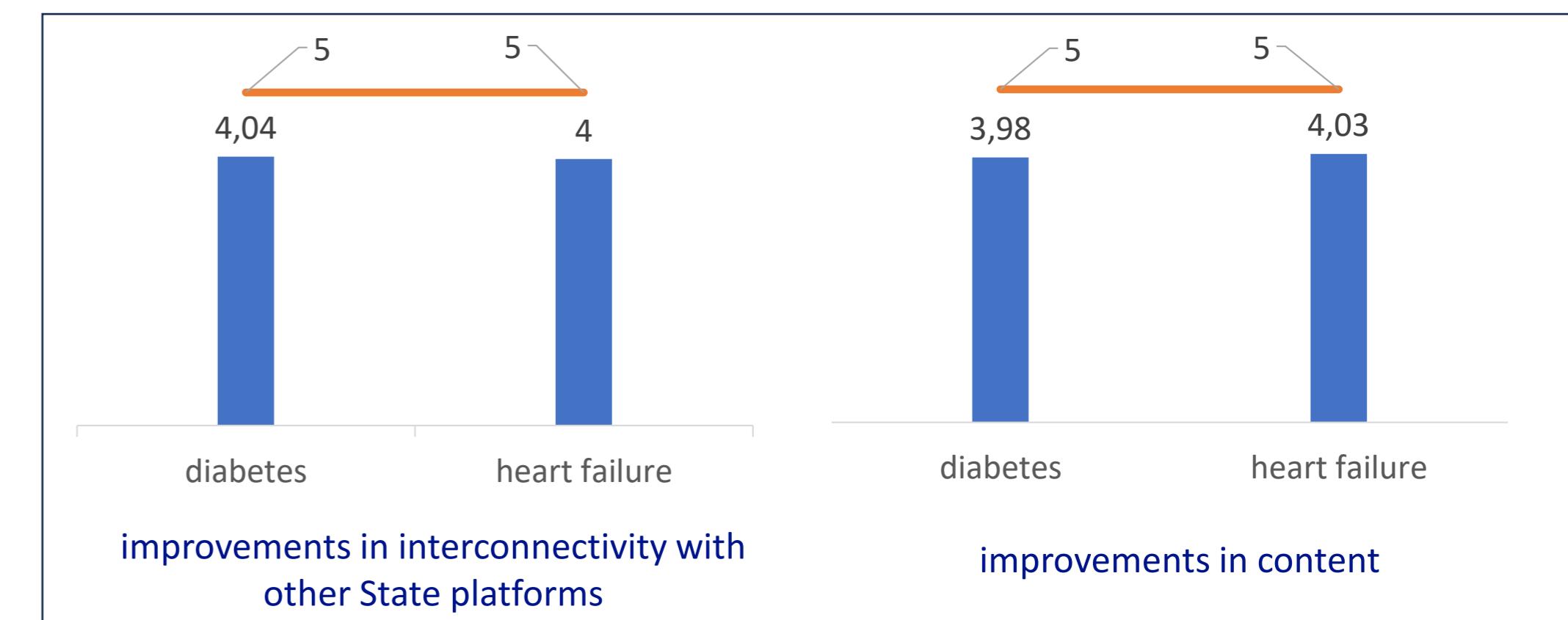


Figure 4. Priorities for improvement



## Key take away

GPs and cardiologists in Greece consider eTPs for diabetes and heart failure useful in supporting therapeutic decision making and facilitating repeat prescriptions. They propose eTPs become more interconnected to other applications for patient management (such as e-diagnosis and e-prescription) and remain up-to-date and consistently enriched with latest scientific evidence, if to fulfil their potential to holistically support health care professionals using them and assure quality in care delivery.

References: 1. Frieden et al. JAMA. 2014;311:21-22

Author Contributions: Substantial contributions to study conception/design, or acquisition/analysis/interpretation of data: KS, ET, CG, AN, PG; Drafting of the publication, or revising it critically for important intellectual content: KS, ET, CG, PG; Final approval of the publication: KS, ET, CG, AN, PG.

Acknowledgements: This study was supported by Boehringer Ingelheim. Boehringer Ingelheim had no role in the design, analysis or interpretation of the results in this study. Boehringer Ingelheim was given the opportunity to review the manuscript for medical and scientific accuracy as it relates to BI substances, as well as intellectual property considerations. All costs associated with the development of this poster were funded by the Health Policy Institute.

