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AIM: to redesign the RADAR alert based on user needs

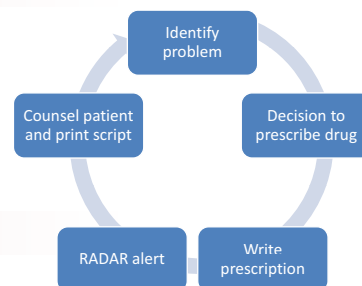
NPS RADAR

Provides in-depth reviews of new drugs and PBS listings in print, online and in prescribing software as a pop-up alert the first 3 times the new drug is prescribed.

Why we redesigned the alert

- Little recognition and use of RADAR in software
- Confusion about the purpose of the alerts
- The detailed RADAR summary is not suited for use during a consultation.

Decision/prescribing flow



METHODS: usability review

Interviews and testing with 10 GPs

- Conducted in their offices
- Users of Medical Director or Genie
- Mostly Sydney-based

What we asked about

- Use of prescribing software
- Sourcing information about new drugs
- Prescribing scenarios involving insulin glargine and/or fluticasone with salmeterol
- Paper mock-ups of RADAR in existing and redesigned formats

The review was based on earlier findings

Source	Selected findings
Interviews	<ul style="list-style-type: none"> • Alerts can be intrusive • Need for information during consultations is ill-defined
Usage data	<ul style="list-style-type: none"> • 83/150 GPs (55%), saw ≥ 1 alert in December 2007
Usability advice	<ul style="list-style-type: none"> • Existing alert format was hard to read quickly

2006
2007
2008



WHAT WE FOUND

Old alert

GP comments



I wouldn't even look at this - I'd click close straight away

Wouldn't even scan this - too many bullet points, too much text

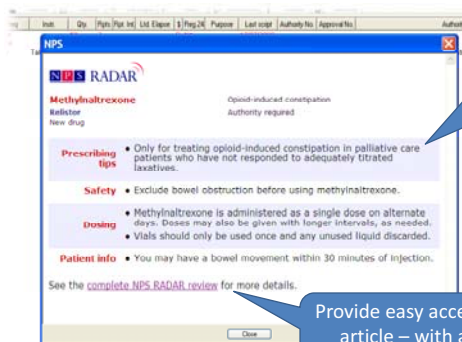
Too much information, too bunched - I'd just close it

Goal during consultation	Solution
Don't want to read too much new information online right now	<ul style="list-style-type: none"> • Fewer, shorter summary points • Scannable layout
Make prescribing decision quickly and reliably	<ul style="list-style-type: none"> • Include key safety information • GP panel review of messages for relevance and impact
Give/tell the patient relevant information as quickly as possible	<ul style="list-style-type: none"> • Include key information to give the patient
Maintain patient confidence—information should not challenge my credibility with the patient [if read out to the patient]	<ul style="list-style-type: none"> • Include prescribing choice issues only when relevant—assume decision to prescribe has been made

OUTCOME: New alert and editorial process

Recommendations

- Design a 'cut down' alert with information that GPs can relate directly to their patient
- Use information categories that are 'consistently useful' during short consultations.

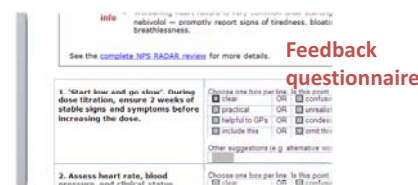


Re-order categories so that Safety and Dosing are at the top. Provide prescribing tips only if topical.

Allow user to control if they continue to see information for this medicine. (not implemented for technical reasons)

Provide easy access to full article - with a print friendly option.

Process



- NPS writers draft alert messages
- Panel of 5–10 GPs give structured feedback via email
- Questions cover relevance, clarity and acceptability
- Writers redraft based on GP and reviewer feedback

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