Introduction: Because health care (HC) budgets of European countries rise every year the discussion on how to finance HC in the new epidemiologic transition is eminent. The use of cheaper tools and techniques in prevention and HC seems advisable. In this study the case of cardiovascular diseases is the main focus. Cardiovascular diseases are the most important cause of morbidity and mortality. Guidelines to prevent these cardiovascular diseases are widely available. To implement these guidelines an electronic prevention programme (EPD) for general practitioners (GPs) is developed. This study calculated the implementation cost per working EPD (performance).

Methods: A prospective cost analysis and determination of the cost per performance with a one way sensitivity analysis were carried out. Logistic regression was performed to explore the predictive values of different variables with performance as a dependent variable.

Results: 185 GPs (response rate 23%) participated in the study. 99 are solo practitioners and 86 are working with at least one colleague (group practice). The total implementation cost of an EPD was €83.939. As the EPD was successfully installed by 102 GPs (=performance), the mean cost equals €823 per GP. Sensitivity analyses showed an improved cost per performance with decrease of the costs of group education and/or an increase in the performance. The most effective method for the implementation was the organisation of group education (OR=6; 95% CI 3.5-10) followed by working in a group practice (OR=3.6; CI 2.2-6).

Conclusion: Implementation of electronic programmes is expensive. Adequate funding has to be foreseen to implement quality improving ICT tools in general practice. Furthermore, results suggest that a significant number of GPs in the sample has problems with the installation and use of the tool in spite of all education and guidance.