

QUM progress and priorities and Prescribing Data in General Practice Demonstration Project - an overview

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NPS is an independent, Australian organisation for Quality Use of Medicines,
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Quality use of medicines

Selecting management options wisely

- Considering the place of medicines in treating illness and maintaining health
- Recognising there may be better ways than medicine to manage many disorders

Choosing suitable medicines if a medicine is considered necessary

So that the best possible option is selected by taking into account:

- The individual and their clinical condition
- Risks and benefits
- Dosage and length of treatment
- Any co-existing conditions
- Other therapies
- Monitoring considerations
- Costs for the individual, the community and the health system as a whole

Using medicines safely and effectively

- Monitoring outcomes
- Minimising misuse, over-use and under-use
- Improving peoples ability to solve problems related to medication, such as negative effects or managing multiple medications






QUM – complex

- Every patient/consumer and clinician interaction and encounter with the health system
- Complex decisions
- Multiple enablers, barriers, opportunities
- Changing therapies, health care environment





Hypertension – QUM issues

- Known benefits of ‘tight control’
- Initiation of treatment, non-drug interventions
- Frequency of monitoring
- Appropriate drug selection
 - Use of low dose thiazide, Use of ACEI or AT2RA in diabetes with microalbuminuria/proteinuria, use of beta blocker post-MI
- Need for multiple agents for most patients, all with adverse effects
- Asymptomatic disease, patient agreement/concordance essential





Is quality prescribing of antihypertensives achieved?

- achievement of target BP :
58% (2003), 66% (2004), 52% (2007)
- proportion of thiazides (alone or combination) used at high-dose:
33% (2000) 11% (2004) 9% (2007)
- use of beta-blocker or ACE inhibitor post MI
49% (2001) 51% (2004)
- concomitant use of drugs which exacerbate hypertension:
24% (2001) 17% (2004) 11% (2007)
- Use of ACEI or AT2RA in diabetes with microalbuminuria or proteinuria:
72%, 94% (2007)
- Achievement of target BP among those using 1,2 3 or ≥ 4 antihypertensive agents:
69,66,59,55% (2004) 55%, 53%, 47%, 38% (2007)

NPS clinical audits – data from participating GPs

See also O’Riordan S, Mackson J, Weekes L. Self-reported prescribing for hypertension in general practice. J Clin Pharm Ther. 2008;33(5):483-8.



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Chronic heart failure

- Known benefits from therapeutic regimens
- Difficult drugs to initiate and titrate-up safely
- Avoidance of exacerbating drugs
- Patients with multiple co-morbidities, application of evidence
- Increasing use of ACE inhibitors (or AT2RAs), up-titration still needed
- Under-use beta-blockers but rapidly increasing

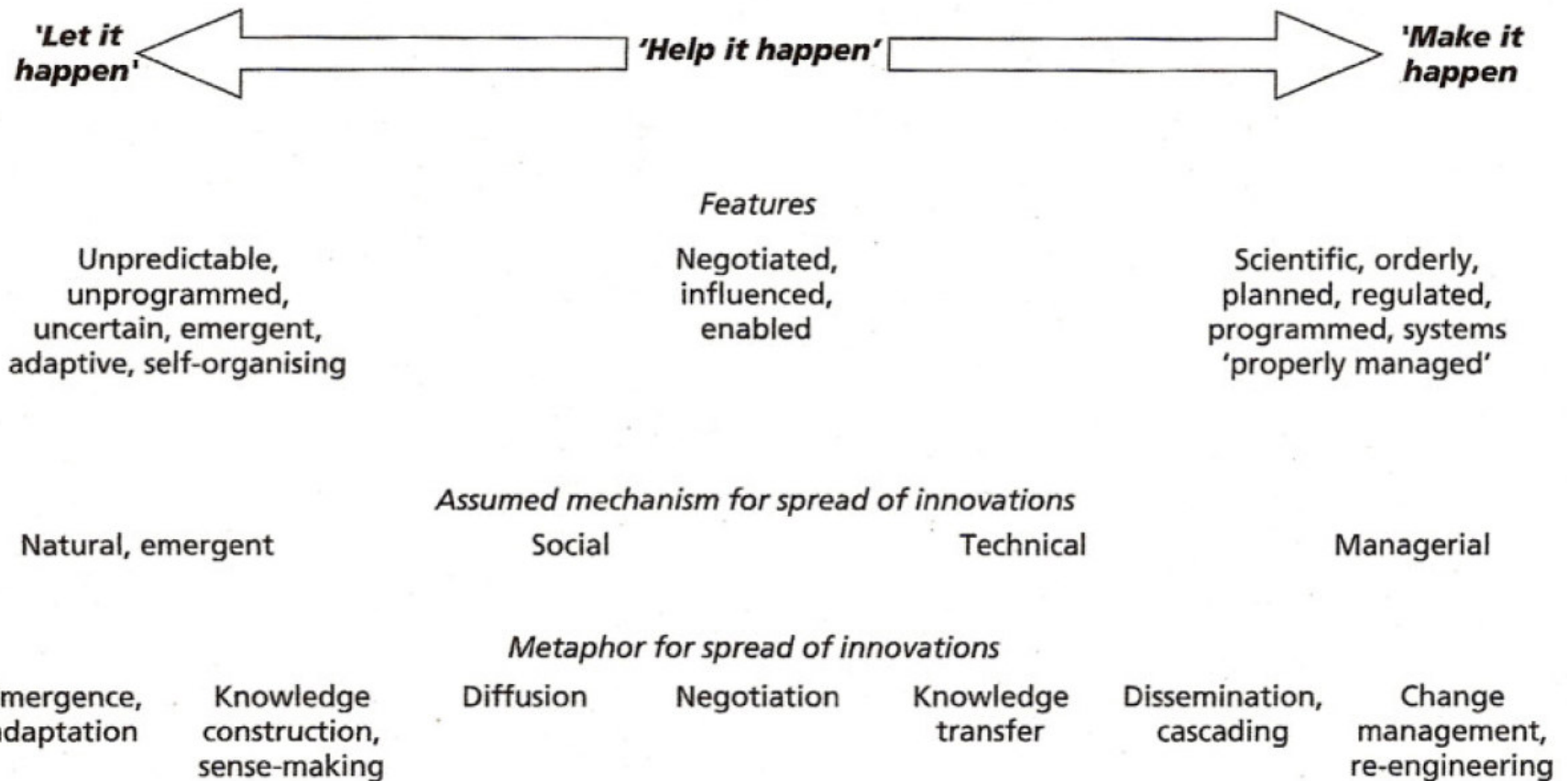


Fig. 3.5 Different conceptual and theoretical bases for the spread of innovation in service organisations.

Greenhalgh et al. Diffusion of innovations in health service organisations: a systematic literature review. Blackwell Publishing. Oxford. 2005

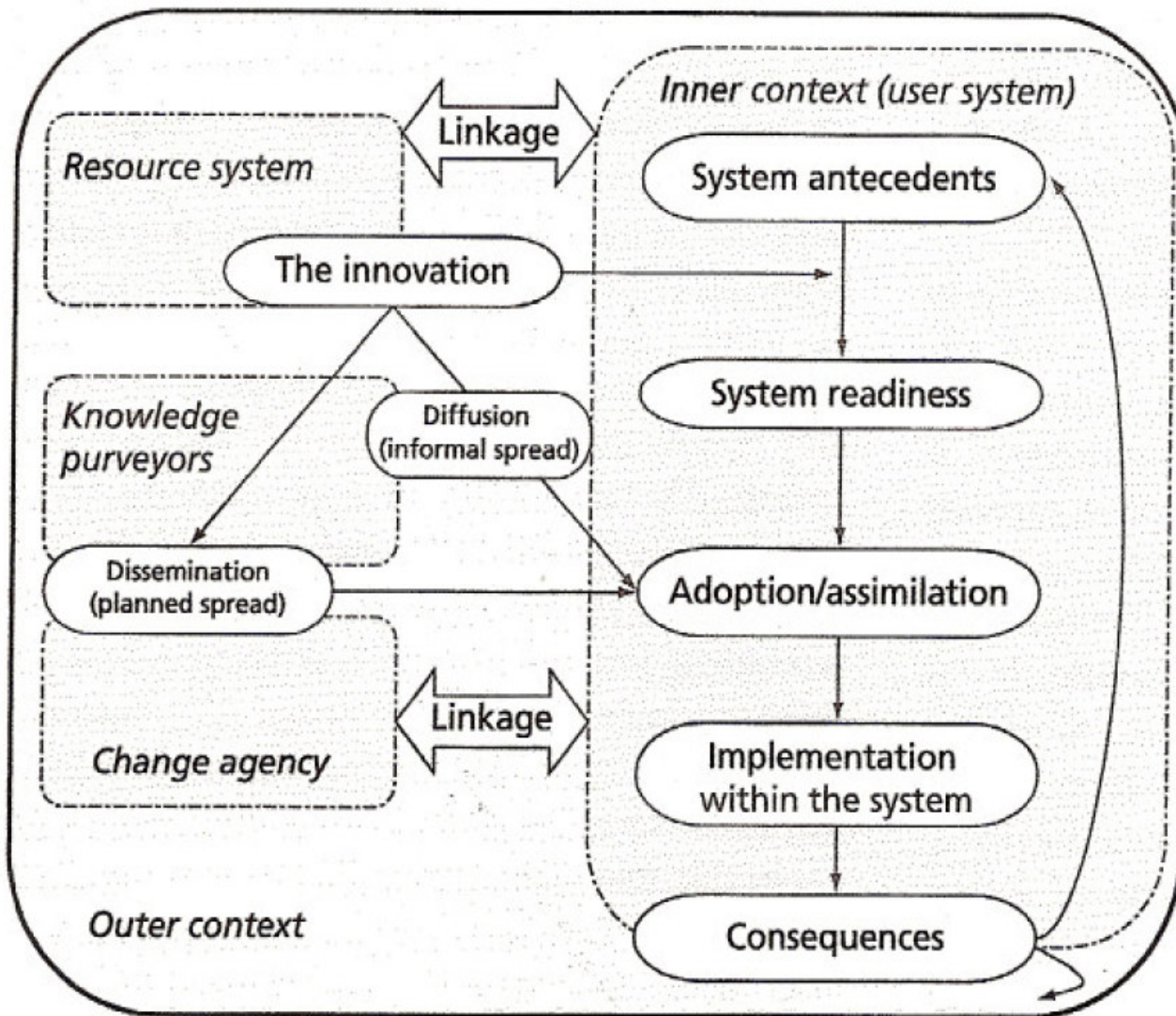
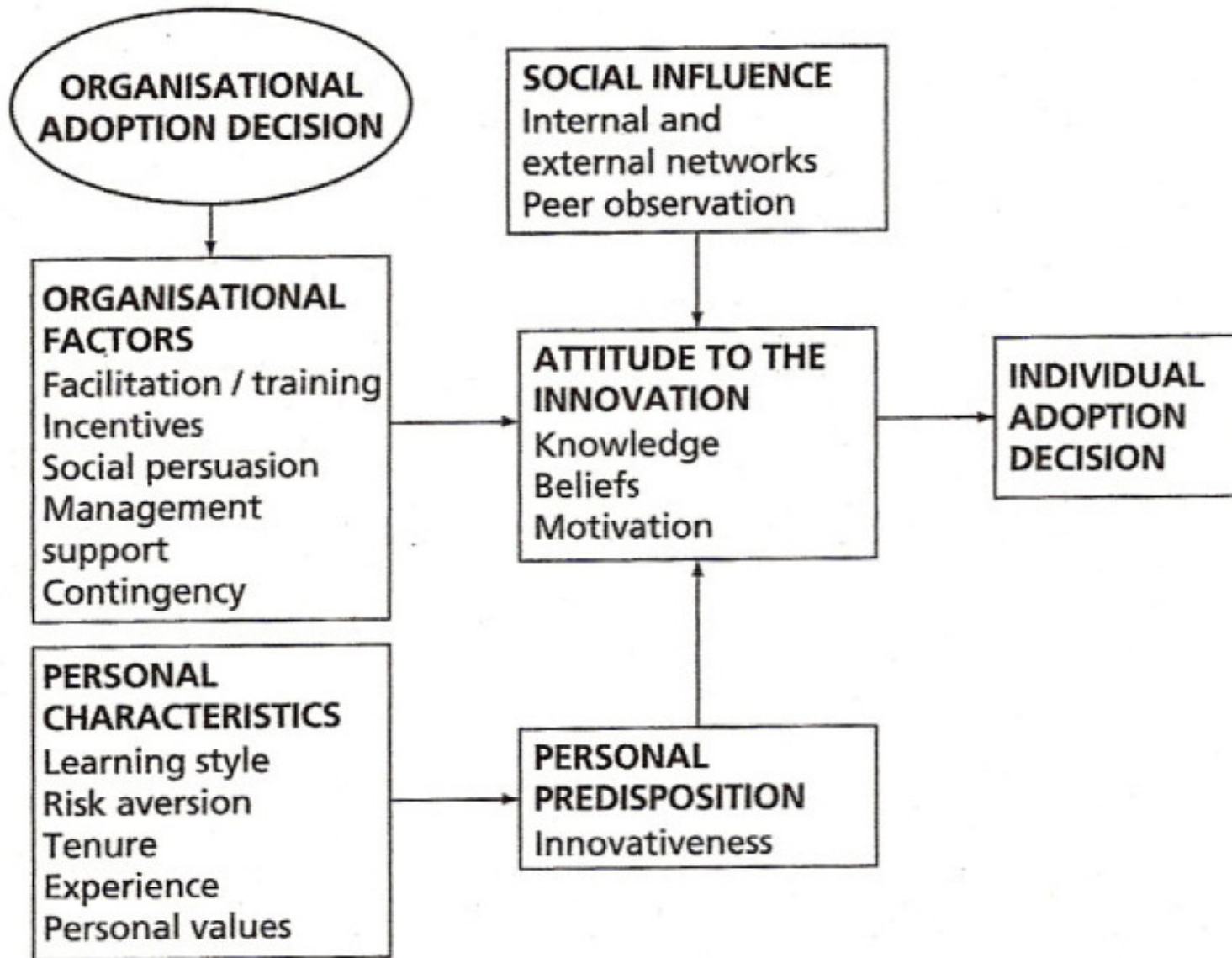


Fig. 0.1 Conceptual model for considering the determinants of diffusion of innovations in the organisation and delivery of health services.



Linking organisational and individual adoption decisions.

Greenhalgh et al. Diffusion of innovations in health service organisations: a systematic literature review. Blackwell Publishing. Oxford. 2005



Choosing effective intervention/improvement methods for QUM

- Academic detailing – individual adoption, personalises to individual's risk aversion, attitudes, values, knowledge
- Audit and feedback – measurable and valid, non-controversial, patient specific
- Peer group methods – social persuasion, norms, problem based 'learning'
- Social marketing – norms
- Opinion leaders – social persuasion
- Patient mediated
- Specialised clinical service delivery – HMR, heart failure clinics, chronic disease clinics?



Progress to date

- Health workforce training in prescribing and QUM
- Facilitation skills and capacity nationwide
- Consumers medication management competence
- Clinical service – medication review
- From audit and feedback from administrative records to using desktop records
- Patient specific feedback
- Patient mediated interventions - Veterans' MATES, CMI
- Increasing capability with e-health





Challenges for the future

- E health solutions delivering on continuity of care in medicines management
- Evidence gaps in older and very old people
- QUM with focus on prevention
- Harder to solve drug use issues
- Complementary medicines increasingly used
- End of life care





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Prescribing Data in General Practice Demonstration (PDGPD) Project

Prescribing Data in General Practice Demonstration (PDGPD) Project

Objectives

- To develop a sustainable model of quality improvement in general practice that GPs can apply to their prescribing practice
- To develop an effective easy-to-use data extraction tool that will assist GPs to compare their prescribing practice with NPS indicators of quality prescribing
- To demonstrate improvements in prescribing consistent with prescribing indicators
- To demonstrate improvements in surrogate markers for health outcomes
- To measure the impact of the quality improvement intervention on the PBS.

Prescribing Data in General Practice Demonstration (PDGPD) Project

A quality improvement activity for general practice

- Several cycles of data extraction and facilitated practice-based data reviews (audit and feedback)
- Data extraction software (Canning)
- Prescribing indicators
 - Management of hypertension
 - Management of chronic heart failure

Prescribing Data in General Practice Demonstration (PDGPD) Project

Indicators

Chronic heart failure

- CHF patients not using an ACE inhibitor/angiotensin II-receptor antagonist
- CHF patients using an ACE inhibitor/angiotensin II-receptor antagonist, and not using a heart-failure-specific beta blocker
- CHF patients using an ACE inhibitor, and using the ACE inhibitor below the recommended dose
- CHF patients using a drug that may exacerbate the disease

Antihypertensives

- Patients using at least one antihypertensive drug whose latest blood pressure is $\geq 140/90$ mmHg*
- Patients using a prohypertensive drug whose latest blood pressure is $\geq 140/90$ mmHg*
- Patients with coronary heart disease/diabetes/renal insufficiency/stroke/TIA/proteinuria 0.25 – 1.0 g/day, whose latest blood pressure is $\geq 130/80$ mmHg*
- Patients with diabetes and microalbuminuria/macroalbuminuria/proteinuria, not using an ACE inhibitor/angiotensin II-receptor antagonist
- Patients using an ACE inhibitor/angiotensin II-receptor antagonist, who are also using a systemic NSAID and a diuretic

General QUM

- Prescriptions printed within the last 3 months with no 'reason for prescribing' recorded

*= measured in the last 12 months

Prescribing Data in General Practice Demonstration (PDGPD) Project

- Expressions of interest anticipated late 2008
- Divisions with capability to support data activities
- 180 practices to participate
- Funding for project facilitator (change agent)
- Training, networking and materials for project facilitator
- Funding similar to NPS agreement