

Prescribing quality indicators – challenges and opportunities in Europe

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About the speaker

Björn Wettermark is head of the analysis unit at the Department of Healthcare development at the regional health board of Stockholm, Sweden. This unit supports decision makers in the health system with quantitative and qualitative analyses on healthcare consumption, quality of care, adherence to guidelines and the effectiveness of various interventions. Björn is also affiliated to the Department of Clinical Pharmacology and the Centre for Pharmacoepidemiology at Karolinska Institutet as associate professor in pharmacoepidemiology. His research focuses on various drug utilization topics such as prescribing quality indicators, international comparisons of drug utilization, evaluation of prescribing doctors' adherence to guidelines and intervention studies to promote rational use of drugs. Recent research includes health policy ranging from assessment of effects of various policy decisions to development of methods for the appropriate introduction of new medicines. Other commitments include membership in national and regional strategic groups on medicine management, scientific advisor to the Swedish Pharmaceutical Benefits Board (TLV) and chair of the European Drug Utilization Research group, the European chapter of the International Society for Pharmacoepidemiology.

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Abstract

Quality indicators are increasingly used for benchmarking, as an auditing tool or to measure the effect of interventions. There is also a trend towards making data publicly available as well as linking indicators to payment to further stimulate quality of care. There are several challenges in this development and it is important that the indicators are properly validated. As drug therapy is an integral part of health care, quality indicators for drug prescribing are also needed. In theory, one can measure quality of prescribing on the level of the drugs prescribed, the disease treated or the effects on patients, with increasing levels of complexity. Several drug-related quality indicators have been introduced, focusing on the use of irrational (not evidence-based) drugs, ratios between different treatment alternatives, range of drugs or adherence to guidelines. These indicators are easily to calculate with aggregated sales data from wholesalers, pharmacies or health providers. They are useful to stimulate discussions around rational drug therapy, but have their limitations when assessing quality of care. The availability of patient-level data in reimbursement databases (saving the unique identifier of the patient) enables the development of more clinically relevant indicators to assess, e.g. prevalence, incidence, drug combinations, sequential order of the therapy or persistence. The opportunities to measure quality increase even further with access to data on diagnoses available in medical records or disease-based registries. A wide range of different prescribing indicators are now used in Europe and this presentation aims to give an overview of the possibilities to measure quality of prescribing with different data sources available showing examples from different countries. □