

IMPLEMENTATION OF QUALITY PRESCRIBING INDICATORS AND COMPLIANCE BY A RHEUMATOLOGY TEAM

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BACKGROUND

The Andalusian Public Health Care Service have developed some indicators based on the selection of drugs which support better evidence of efficiency within several therapeutic groups on areas of prescribing where more deviations were detected in the past. .

PURPOSE

To improve prescription in a rheumatology team, in terms of efficiency, through the implementation of three quality prescribing indicators, and measure their degree of compliance after an educational program had finished.

MATERIAL AND METHODS

Retrospective observational study that measures the prescription percentage of three quality indicators before and after an educational program consisting of clinical sessions, meetings with the head of the rheumatology team and / or meetings with medical direction and management direction. Doctors also had information on their results every three months. The three indicators measured were: percentage of generic-name prescriptions versus total prescription, percentage of NSAIDs considered of first selection (naproxen, diclofenac and ibuprofen) prescribed versus total of NSAIDs and percentage of alendronate, Calcium and Vitamin D versus total of drugs approved for fracture prevention. The prescription rates were measured in October 2012, before the beginning of the educational program, and in August 2013, when it had ended. Prescribing data were obtained from the computerized pharmacy records of reimbursed drugs Program (Microstrategy®) of all members who belonged to the rheumatology team at least one month during the time studied

RESULTS

The initial team of six doctors was monitored. At the end of the study no one had left and no new doctors were incorporated. Three clinical sessions were given by the pharmacist in charge, plus two meetings between him and the chief doctor, and another two between the pharmacist, Chief Doctor and Medical Director. Generic prescription was 72.02% at the beginning and increased to 83.77% ten months later. First selection NSAIDs prescribing also increased from 18.23% to 46.06%, and the percentage of first-line drugs for fracture prevention (Ca, vit. D and alendronate) rose from 27.05% to 42.50% at the end of the study.

CONCLUSIONS

Prescription of generic-name drugs, first-selection NSAIDs and first-line drugs for fracture prevention was improved in a Rheumatology Unit due to an educational prescribing program based on clinical evidence guidelines. The program had good acceptance between the doctors, and the commitment of the Medical Direction was important to obtain these results.