THE MONITORING OF PRESCRIPTION APPROPRIATENESS FOR ACHIEVING THE OBJECTIVES OF PHARMACEUTICAL SPENDING AND PROVIDING ESSENTIAL LEVEL OF ASSISTANCE

POSC237

BACKGROUND

With the emendment DGR n.1406-16/09/2020, the Veneto Regional Council assigned to Local Health Units (LHU) directors, **the health management**, **assistance plan** and the **related resources**. Across January to July 2020, a LHU had the ceilings on total pharmaceutical expenditure of approximately € 990,000.

In order to follow the spending plans and guarantee care-access, the LHU utilized the Health-DB dashboard, a tool for monitoring indicators of prescription appropriateness, designed to combine therapeutic opportunities with economic sustainability.

METHODS

The **Health-DB dashboard**, through the analysis of the **administrative databases** allows to identify areas of intervention of the **prescription** appropriateness indicators and the modality for their improvement and the consequent effects on pharmaceutical expenditure.

DATA PRIVACY STATEMENT. The integration of administrative datasets makes it possible to represent the patient's entire clinical history and not just individual prescriptions. The analyses were conducted on exclusively anonymous data in full compliance with privacy regulations. Clicon s.r.l. has obtained the approval as per legislation by all the Ethics Committees to analyse these data. The results are exclusively in aggregated form and never attributable to a single institution, department, doctor, individual, or individual prescribing behaviours. The study was conducted in full compliance with current legislation for retrospective studies.

RESULTS

Through the analysis of LHU prescriptions, **four drug categories had the most significant impact on expenditure** [Chronic obstructive pulmonary disease (COPD) medications, sartans, statins, proton-pump inhibitors(PPIs)], representing the **40% of total spending**.

Five actions (**Table 1**) for prescription appropriateness improvement with related indicators were suggested. (Tab 1.)

	Actions	Indicators
1	% of patients in fixed association only when indicated	1-% of patients (affected by COPD) in fixed association with ICS/LABA not previously treated with LABA
		2- % of patients in fixed association with statin + ezetimibe without a recommended therapy by RCP
2	% of patients treated with lower-cost therapeutic alternatives	3-% of patients treated with the lower-cost PPI
		4- % of patients treated with angiotensin agonists (alone or in fixed association with diuretics at the lower-cost)
3	% of patients who comply with the AIFA Notes	5- % of patients treated with Ezetimibe alone and not previously treated with statins
		6- % of patients treated with PPI with note AIFA-48 and with a therapy of more than 8 weeks
4	% of adherent patients	7- % of adherent patients to lipid-lowering agents
		8- % of adherent patients to anti-ipertensives
		9- % of adherent patients to medications indicated for COPD
5	% patients in secondary prevention	10- % of patients with a previous cardiovascular event and treated with lipid-lowering agents
		11- % of patients with COPD exacerbations and treated for COPD

- **3.7% of patients** were treated with inhaled-corticosteroids/long-acting-beta-agonist (**indicator 1**).
- **27.9% with statins/ezetimibe** (**indicator 2**).
- **11.4% were treated with PPI** (**indicator 3**).
- **10.7% under sartans** (**indicator 4**)**.**
- **2.7% comply with Note 13**, which defines the reimbursement criteria for lipid-lowering agents (**indicator 5**) and
- **65.8% comply with Note 48**, reporting the reimbursement criteria for PPIs (**indicator 6**).
- **82.1% of lipid-lowering drugs-treated patients** (**indicator 7**), **85.4% of patients using antihypertensives** (**indicator 8**), and **51.3% of patients under COPD medications** (**indicator 9**), were adherent to treatments.
- **65.8% of patients** with a previous cardiovascular event (**indicator 10**) and **60.3% with COPD exacerbation** (**indicator 11**) were treated in secondary prevention.

These actions and indicators were shared with medical specialists and the prescription appropriateness monitoring among general practitioners showed that **the LHU's pharmaceutical spending was reduced**, saving € 115,000 compared to the assigned ceiling (cost reduction of € 1.1 million on a top of 24).

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CONCLUSIONS

The Health-DB dashboard, accompanied by a constant audit activities with General Practitioners, represented a valuable tool for achieving economic goals and, at the same time, for improving clinical practice.