

IMPROVEMENT STRATEGIES IN QUALITY PRESCRIBING INDICATORS ON A HEALTHCARE AREA

DI-021

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The Andalusian Public Healthcare Service have developed some quality indicators (QI) based on the selection of drugs which support better evidence of efficiency on areas of prescribing where more deviations were detected in the past.

Purpose:

To describe the strategies for improving the indicators, measure their compliance after three years and evaluate its economical impact on the public budget.



Materials and Methods:

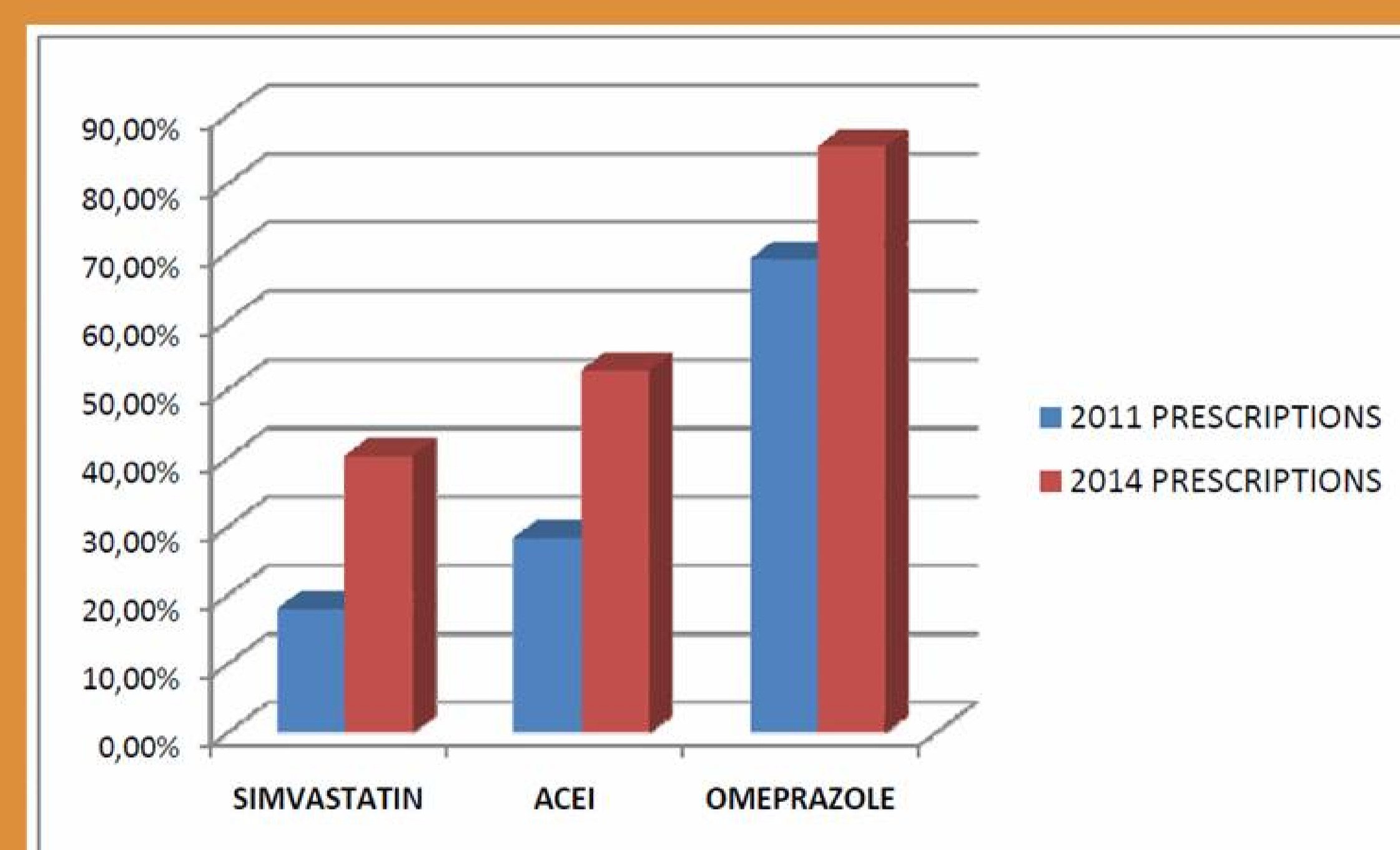
Prescription percentage of omeprazole versus total PPIs, simvastatin versus total hypolipemiant and ACEI versus total renin-angiotensin-aldosterone-system inhibitors is evaluated before and after an **Educational Program** consisting in clinical sessions, meetings with head of medical teams (HMT) and Medical Director, periodic written reports for doctors about their results and interviews with low-compliance-rate doctors. Prescription rates were measured in **March 2011** and **February 2014**. Prescribing data and economical impact were obtained from the reimbursed-drugs Program (**Microstrategy®**), which allows the calculation of possible savings if optimal level of prescription would be reached.

Results:

24 clinical sessions were held in 2011, 17 in 2012 and 10 in 2013. Meetings with HMT and Medical Director were biannual in 2011 and annual in 2012-13.

23 interviews were held, all in 2013. Reports were distributed in 100% of Units and possible periods. Omeprazole prescription was 69.3% at the beginning and increased to 85.4% three years later. Simvastatin prescribing also increased from 18.07% to 40.4%, and the percentage of ACEI rose from 28.44% to 52.82%.

The margin of possible savings in March 2011 was found to be **244.717€**, while on February 2014, turned out to be only **44.803€**.



Conclusions:

The strategies adopted were well received by the doctors and the implication of Medical Direction was constant, resulting in a considerable improvement of the QI evaluated. This improvement now produces in our Healthcare Area a direct **annual savings** of **200,000€** in public budget compared to three years ago.

