

CONFERENCE ABSTRACT

Establishment of Quality Circles Concerning Safe Drug Treatment for Elderly Patients in the Integrated Care System Gesundes Kinzigtal based on Accompanying Data Analysis

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Introduction: One of the most challenging problems for physicians in ambulatory care, especially general practitioners (GPs)/ family physicians, is supervising their patients' medication. Especially for older patients, who often suffer from different chronic conditions at the same time and regularly take five or more drugs, it is a challenge to find a good balance between overuse and underuse and to prevent adverse drug reactions and interactions.

Policy context and objective: There are different guidelines and classification systems to assess the extent of over-, under- and misuse of drugs in a patient population. In Germany exist e.g. PRISCUS or FORTA [1], which help providers in monitoring and optimizing the drug therapy for their patients. In the Integrated Care Model Gesundes Kinzigtal [2] both systems were tested and discussed. The physicians of a regional quality circle concerning safe drug treatment preferred FORTA as they felt it provided more detailed information which pharmaceutical medications to prefer in what order and which to avoid for specific conditions or comorbidities. The objective is to show how the FORTA classification can be used to benchmark different practices by calculating a condition-overarching FORTA-Score and how it furthermore provides information for each practice how to improve their drug management in the future.

Targeted population: The FORTA classification is used for all patients of 65 years and above. Based on claims data patients are attributed to a GP practice when they received at least 50% of their medical treatments from that practice. Afterwards the diagnoses of each patient are cross-checked with related drug treatments rating each combination included in the FORTA classification system from rank A to D. Diagnoses and prescriptions are assessed taking into account the practices' own services as well as diagnoses and prescriptions from other providers.

Highlights: Physicians who participate in the Integrated Care System Gesundes Kinzigtal show a reduced FORTA-Score over time and have a lower mean value compared to non-participating physicians. Nevertheless there is a big variation within the different participating practices.

Some benchmark reports as well as detailed information concerning pseudonymized individual cases for the discussions in the quality circles will be shown in the presentation.

Transferability: The algorithm of the FORTA classification was translated into SQL-based computer programme queries which could more or less easily be transferred to other populations provided that diagnoses and prescription information is accessible. The reports for the physicians of the quality circles in Gesundes Kinzigtal use a very innovative visualization concept with sparklines to monitor developments over time and reports can easily be entered by physicians using their web browser.

Conclusions: The FORTA classification system provides helpful information for the managers of the Integrated Care System Gesundes Kinzigtal as well as for the physicians concerning the developments in safe drug treatment for older patients. The FORTA systems gives advices what prescriptions for specific conditions for older patients should be left out or need to be exchanged. Combining the clinically approved classification system with a data analysis algorithm and a simple but effective information system enables quality circles working on safe drug treatment to optimize care management for whole populations.

References:

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