Audit & Feedback MetaLab

International Audit & Feedback MetaLab Meeting:
Putting A&F into real world practice

AUDIT & FEEDBACK WITHIN MEDICATION REVIEW ACTIVITIES AT REGIONAL LEVEL

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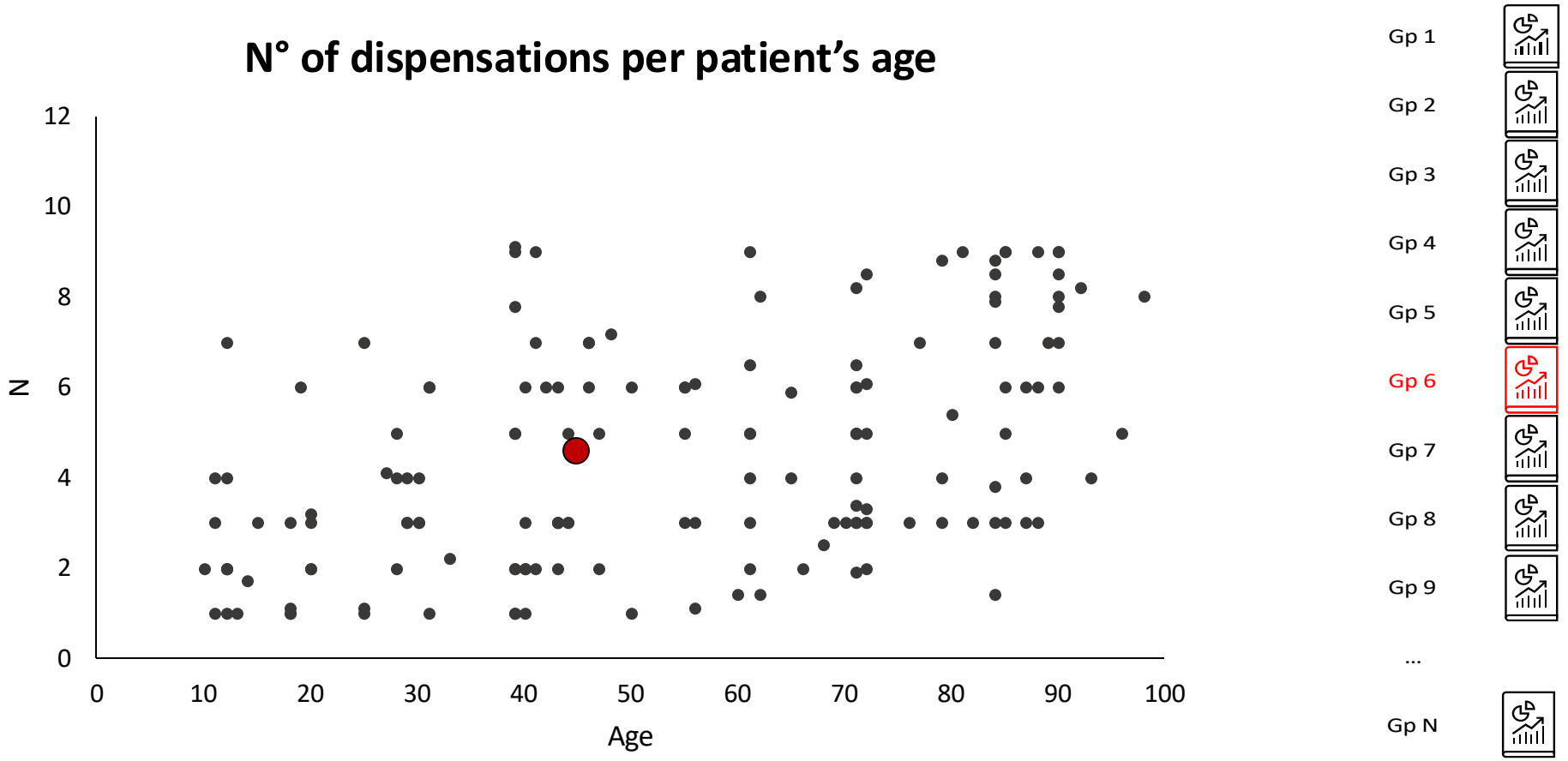
Audit and feedback is used to influence performance in drug prescription



Setting and aim

- The **use of multiple drugs** in the elderly increases the risk of drug-drug interactions and negative health consequences like adverse drug reactions and lack of treatment adherence.

- The **aim** of this pilot service of medication review and deprescribing is to improve appropriate prescribing in the elderly population (65+) in polypharmacy in a **primary care setting**.

Method (1)

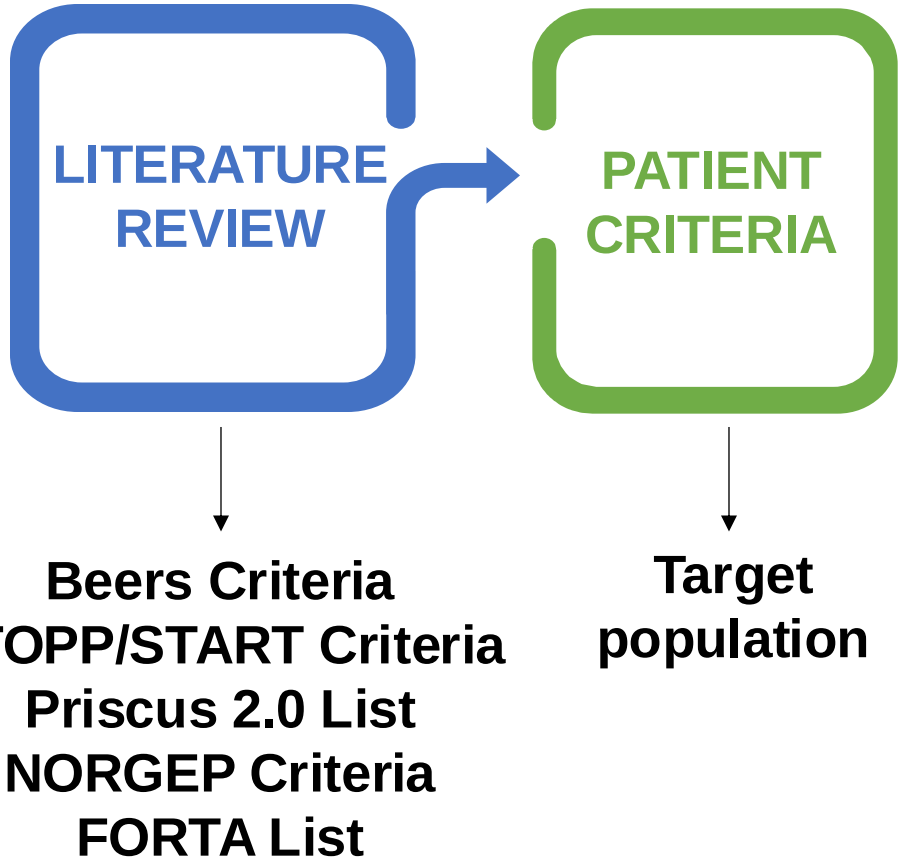
General practitioners (GPs) will be supported in this activity by a **multidisciplinary team**.

The multidisciplinary team together with GPs identify therapeutic areas to focus on.

This presentation reports the example of **statins** in one health district of the Local Health Authority ASL Roma 1.

Method (2)

For each therapeutic area, a **specific campaign is developed based on scientific evidence.**



Example: Scientific evidence for MR/DP in statin users

- Statins **for primary cardiovascular prevention** in persons aged ≥ 80 and established frailty with expected life expectancy likely less than 3 years (lack of evidence of efficacy). (1) (2)

- **Erythromycin or clarithromycin + statin**: increased risk of adverse effects of statins, including rhabdomyolysis, due to inhibition of statin metabolism. Highest risk for simvastatin and lovastatin.(3)

- **Diltiazem + lovastatin or simvastatin**: increased risk of adverse effects of statins, including rhabdomyolysis, due to inhibition of statin metabolism. (3)

(1)O'Mahony D, Cherubini A, Guiteras AR, Denkinger M, Beuscart JB, Onder G, Gudmundsson A, Cruz-Jentoft AJ, Knol W, Bahat G, van der Velde N, Petrovic M, Curtin D. STOPP/START criteria for potentially inappropriate prescribing in older people: version 3. Eur Geriatr Med. 2023 Aug;14(4):625-632. doi: 10.1007/s41999-023-00777-y. Epub 2023 May 31. Erratum in: Eur Geriatr Med. 2023 Jun 16;: PMID: 37256475; PMCID: PMC10447584.
(2) Nota 13, Agenzia Italiana del Farmaco
(3) Rognstad S, Brekke M, Fetveit A, Spigset O, Wyller TB, Straand J. The Norwegian General Practice (NORGEP) criteria for assessing potentially inappropriate prescriptions to elderly patients. A modified Delphi study. Scand J Prim Health Care. 2009;27(3):153-9. doi: 10.1080/02813430902992215. PMID: 19462339; PMCID: PMC3413187.

Results-Target population

Statins

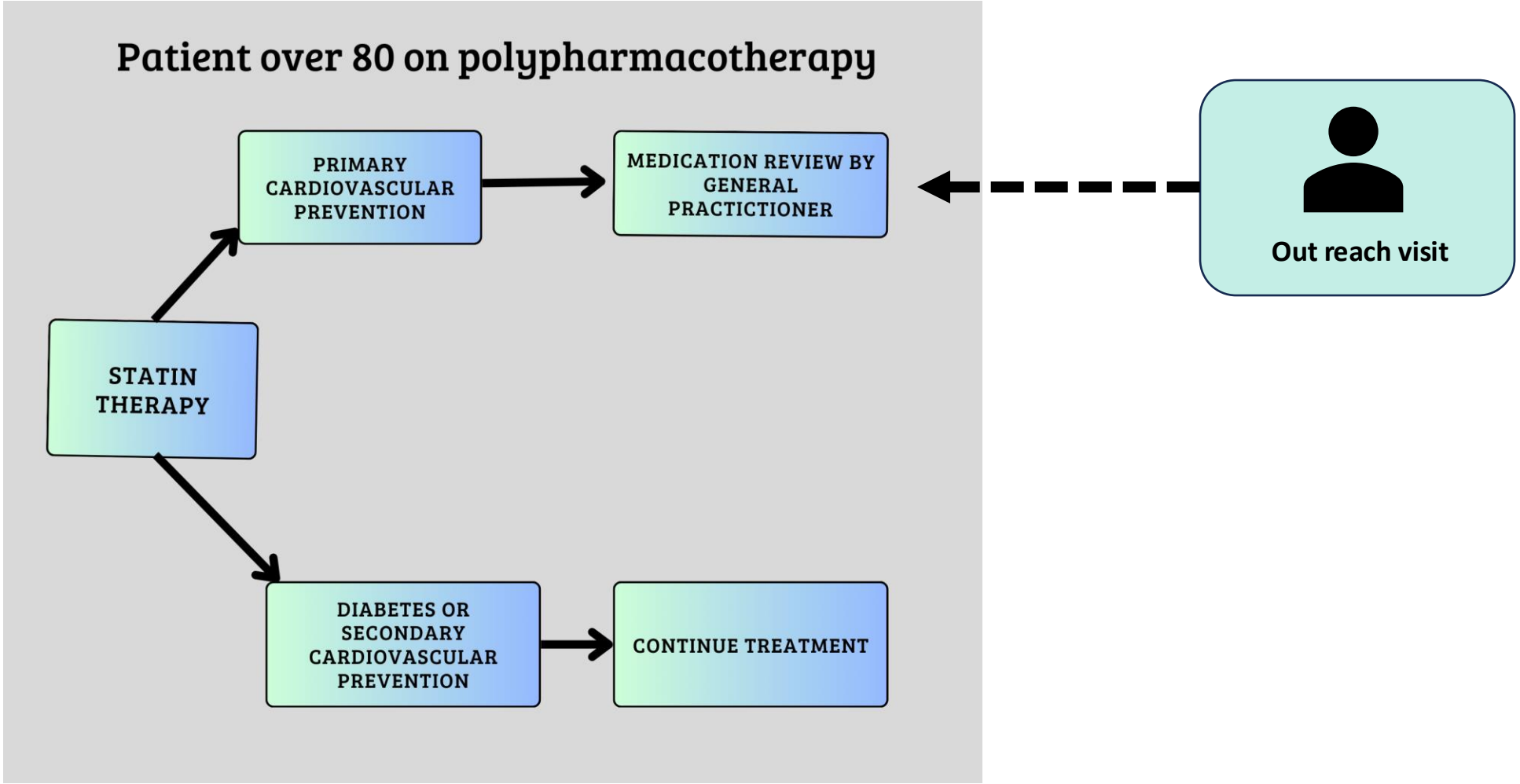
Distretto 14, ASL Roma 1, 2023

5.578 elderly statin users in polypharmacotherapy (10+ drugs)

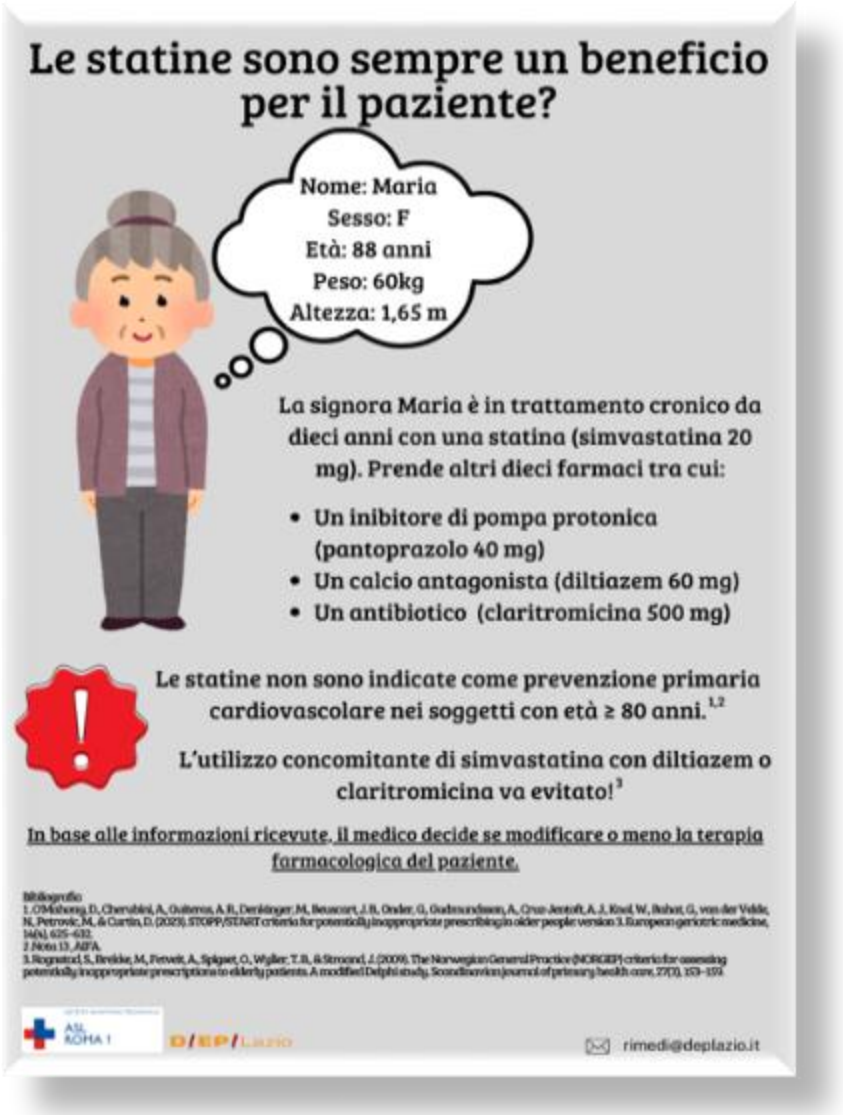
868 (15.6%) statin users in **primary cardiovascular prevention**, assisted by 118 GPs

16 patients taking **erythromycin or clarithromycin in combination with a statin,** assisted by 16 GPs

26 patients taking **diltiazem in combination with lovastatin or simvastatin,** assisted by 24 GPs

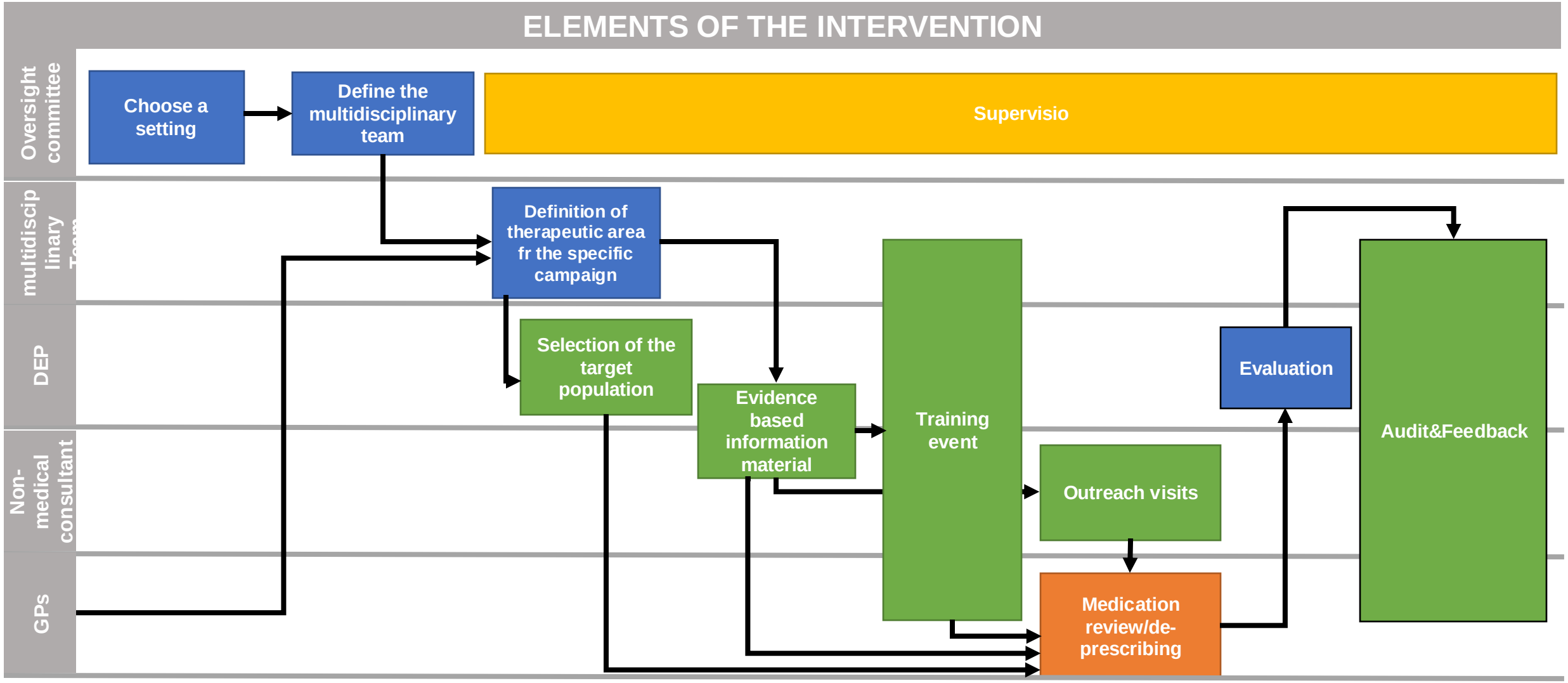

Patient over 80 on polypharmacotherapy
PRIMARY CARDIOVASCULAR PREVENTION
MEDICATION REVIEW BY GENERAL PRACTICTIONER
Out reach visit
STATIN THERAPY
DIABETES OR SECONDARY CARDIOVASCULAR PREVENTION
CONTINUE TREATMENT

Materials for general practitioners



- Non medical consultant
- Training courses
- Identification of eligible patients
- Audit&Feedback activity

ELEMENTS OF THE INTERVENTION



1. **INFORMATION:** Develop tools to be used for the process of medication review/de-prescribing (MR/DP), with regular cadence on theme-specific campaigns (evidence based documentation).
2. **IMPLEMENTATION:** Define the process for the implementation of the MR/DP service in different settings (e.g. primary care), including the definition of the target population, and outreach visits by a non-medical consultant.
3. **TRAINING:** Empower GPs through specific knowledge transfer on MR/DP, and offer specialist consulting
4. **EVALUATION:** Measure success of the intervention (e.g. improvement in terms of appropriate prescribing)
5. **AUDIT&FEEDBACK:** report back to GPs on the results and receive their input on future campaigns

Thank you!

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Daniela Ricciardulli - *ASL Roma 1, Area del Farmaco*
Caterina Magnani - *ASL Roma 1,Cure palliative*
Elisa Gullino - *ASL Roma 1, Distretto 1*
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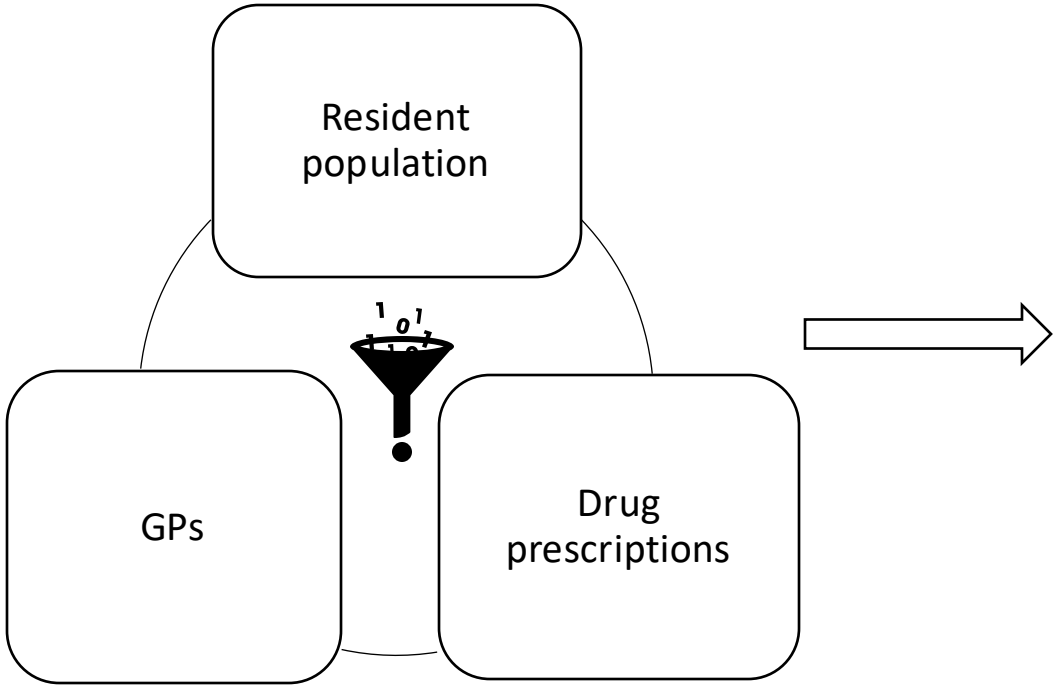
Use of multiple drugs in the elderly - **Rome 2023**

Data Sources



Flow Chart – selecting GPs and patients

GPs prescribing during 2023		
GPs=172	Patients 202.715	Average/GPs: 1178,6

Patients with multile drugs + Statins		
GPs=165	Patients =5.020	Average/GPs: 30,4

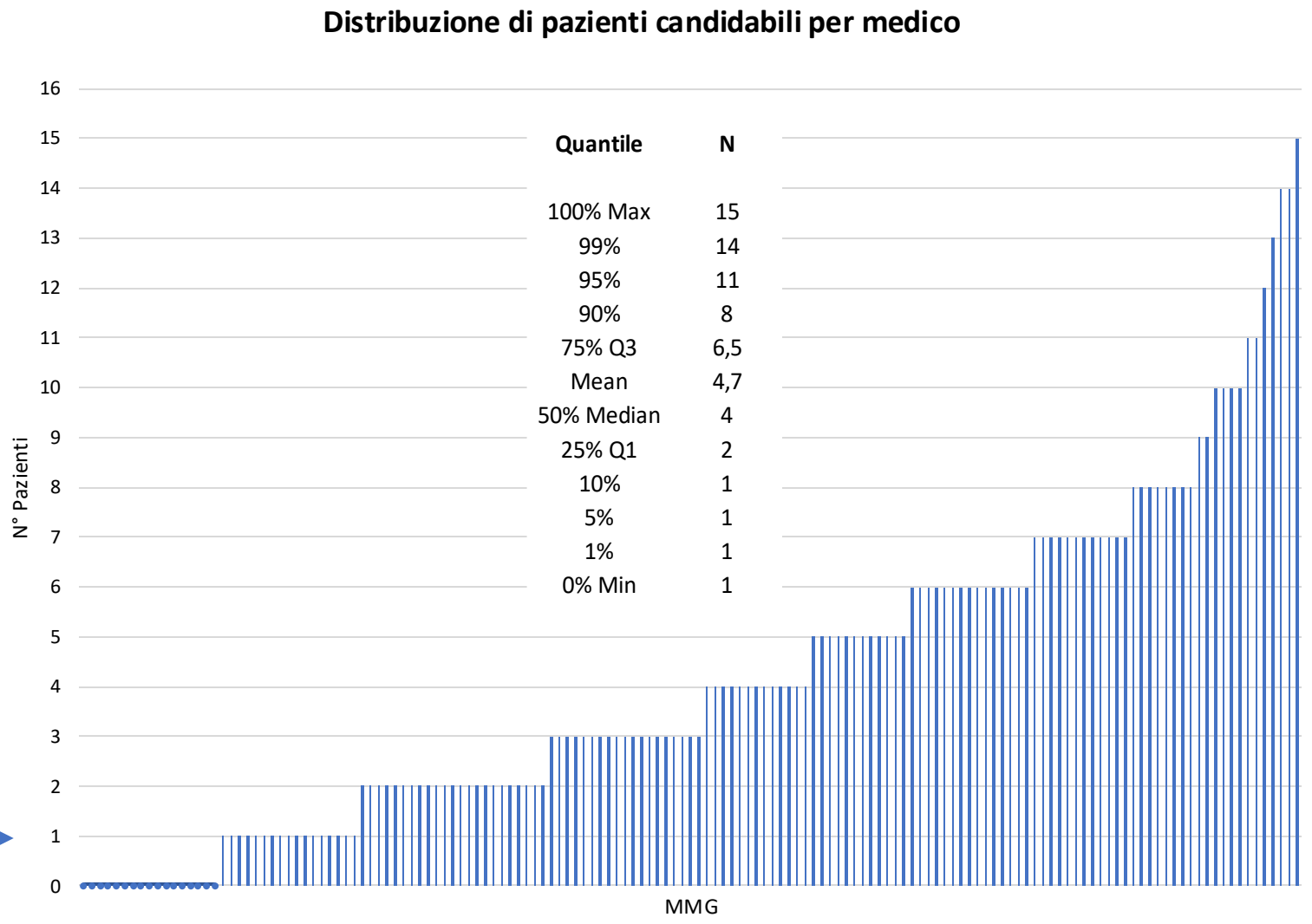
Inclusion criteria*		
GPs=155	Patients =3.674	Average/GPs: 23,7

Utilizzatori di Statine in prevenzione primaria N=618

Criteri di esclusione: età<80 anni al 1/1/2023		
MMG=149	Pazienti assistiti=1.399	Media per MMG: 9,4

Criteri di esclusione: Pazienti diabetici		
MMG=140	Pazienti assistiti=801	Media per MMG: 9,5

Criteri di esclusione: Pazienti in prevenzione secondaria		
MMG=132	Pazienti assistiti=**618**	Media per MMG: 4,7



Utilizzatori di Statine in presenza di rischio di interazioni farmacologiche

Uso in associazione con Diltiazem N=15

Criteri di esclusione: età<65 anni al 1/1/2023		
MMG=154	Pazienti assistiti=3.124	Media per MMG: 20,2

Uso in associazione con Diltiazem		
MMG=14	Pazienti assistiti=15	Media per MMG: 1,07

Uso in associazione con Eritromicina o Claritromicina N=31

Criteri di esclusione: età<65 anni al 1/1/2023		
MMG=154	Pazienti assistiti=3.124	Media per MMG: 20,3

Uso in associazione con eritromicina o claritromicina		
MMG=31	Pazienti assistiti=40	Media per MMG: 1,3