

441: Nation wide feedback on antibiotics prescription by GPs: From pharmacy invoice to quality improvement

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Objective:

To raise the awareness of good antibiotic (AB) prescribing among the Belgian GPs, by means of individualised feedback, in which each GP's own prescription of antibiotics (AB) is compared to the anonymous data of his/her peers and to the available guidelines.

Methods:

This feedback has been the fruit of an innovative collaboration between the National Health Insurance Institute, the seven sickness funds, the scientific societies of GPs and the professional defence organisations of MDs, united in an *ad hoc* Platform for Quality Promotion, acting as a working group of the National Council for Quality Promotion.

The primary data for the statistical analysis were the ambulatory pharmacy invoices, available from the sickness funds. These data include full details on the drugs prescribed as well as on the identity of doctor and patient, but contain no diagnostic information. The feedback report focused both on qualitative aspects of AB prescribing (product choices) and on quantitative aspects (prescription frequency and volume), standardised for age, sex and social category of the patients of each physician's own practice. The report also contained the (anonymous) results of the physician's peers from his own local quality circle (LQC) as well as national figures. Each table and graph was accompanied by a detailed step by step reading aid, dynamically adapted to the GP's own results. Extensive preliminary validation was performed by thorough testing in over 50 pilot LQCs.

The key messages on AB resistance and good AB prescribing, aimed at putting the individual prescription data into the perspective of EBM. They were mainly based on the guidelines issued by the national expert committee having run the large information campaigns for the public and the prescriber's in 2001 and 2002. For all major classes of ABs, the actually observed prescription frequencies were confronted with the justifiable indications as mentioned in the prevailing guidelines.

With the help of the scientific societies, several training sessions for LQC animators were organised in both country languages. A didactic PowerPoint presentation was made available to the LQC animators. An evaluation sheet was added to each feedback, enquiring about the acceptability, understanding and perceived utility of the feedback.

Results:

In May 2003, an individual feedback report was mailed to more than 13,000 GPs of the country. 21% of them sent back their evaluation form. The global evaluation was 7.4 on a 10-point scale. 88% of respondents considered the feedback to be a stimulus for critical reflection and 77 stated they actually had the intention to change their prescription behaviour.

The cost of the initiative can be estimated at € 750,000.

The macroscopic indicators available at this stage show that the downward trend in AB utilisation, which has been observed in Belgium since 1997, has continued in 2003. The shift towards the newer and more expensive quinolones has stopped but has not been inverted.

Conclusions and further perspectives:

This collaborative, nation-wide feedback on AB prescribing has been judged useful by a vast majority of the GPs who responded to the evaluation. In combination with large information campaigns aimed at the public and the prescribers, and with specific sessions in LQCs, it is an important instrument in bringing down the high Belgian AB prescription rate to the more justifiable levels we observe in the Nordic countries and The Netherlands.

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