

Recommendations of an European Expert Meeting on indicators of prescribing quality in drug utilization research.

DURQUIM, Mechelen, Belgium, May 13-15, 2004

RECOMMENDATIONS ON METHODOLOGY

On taxonomy it is recommended:

- To define a prescribing quality indicator as: a measurable element of prescribing performance for which there is evidence or consensus that it can be used to assess quality, and hence be used in changing the quality of care provided.
- To adopt and test a taxonomy in research programs categorizing indicators as drug-, disease- and patient oriented indicators of prescribing quality at process- and outcome level on quality indicator development.
- To develop indicators of prescribing quality.
- To develop disease oriented quality indicators.
- To develop indicators that include the patient preference.

On the use of databases, it is recommended:

- To be conscious and explicit about limitations of data sources.
- To conduct comparative studies on specific prescribing quality indicators within data sources on different levels (GP, pharmacy and patient).
- To develop and maintain a catalogue of all available databases within Europe, coordinated by EURODURG. Availability of clinical data and treatment objectives must be a particular consideration.

On validity it is recommended:

- To consider validation an integral part of the development and implementation of indicators.
- To consider requirements on validity in relation to the type of indicator (taxonomy) and the purpose it is used for (context).
- That the evidence base should be explicit and clear e.g. what part of the guidelines is referred to and the extent the guidelines are up- to- date (content validity).
- That consensus procedures should be assessed in relevant target groups, both in development and validation of indicators (face validity).
- That indicators of prescribing quality are compared with another (gold) standard for both disease and patient-oriented indicators, especially if indicators include proxies of indications, comorbidity or disease severity (concurrent validity).
- To start with a catalogue of prescribing indicators used across Europe with information on validation, use and references to guidelines, studies and reports.

On the use of indicators, it is recommended:

- To have common standards of data collection.
- To have common general principles for generating indicators.

- To have common evidence base for quality indicators on all levels (individual to national).
- That in most cases quality indicators need information on drug as well as diagnosis or indication.

RECOMMENDATION FOR POLICY MAKING

On taxonomy it is recommended:

- To include or develop indicators of prescribing quality.
- To include both drug- and disease oriented quality indicators.
- To promote development of disease oriented quality indicators.
- To support the development and implementation of a robust and valid methodology to select prescribing quality indicators.
- To harmonize the development and/or inclusion of indicators of prescribing quality in sets of performance indicators.

On databases it is recommended:

- To organize and maintain a catalogue of major data sources across Europe, using EUROMEDSTAT as a starting point.
- To use a common form for description of databases.
- To facilitate access to and linkage between relevant data sources.
- To strengthen existing administrative drug databases on volume and expenditures by supplementing with clinical data and/or a clinical database from a population sample.

On use of indicators it is recommended:

- To measure prescribing quality in key disease areas on a national level and to empower prescribers.
- To differentiate between quality indicators and comparators (relative markers).
- To make overt the payback to healthcare systems from developing quality indicators, either in saving money or better health.
- To share individual country generated indicators when in context.