



ZENTRALINSTITUT FÜR DIE
KASSENÄRZTLICHE VERSORGUNG
IN DEUTSCHLAND

Refreshing attitude in physicians – within a disease management programme (DMP) framework

Results of the DMP evaluation in North Rhine, Germany

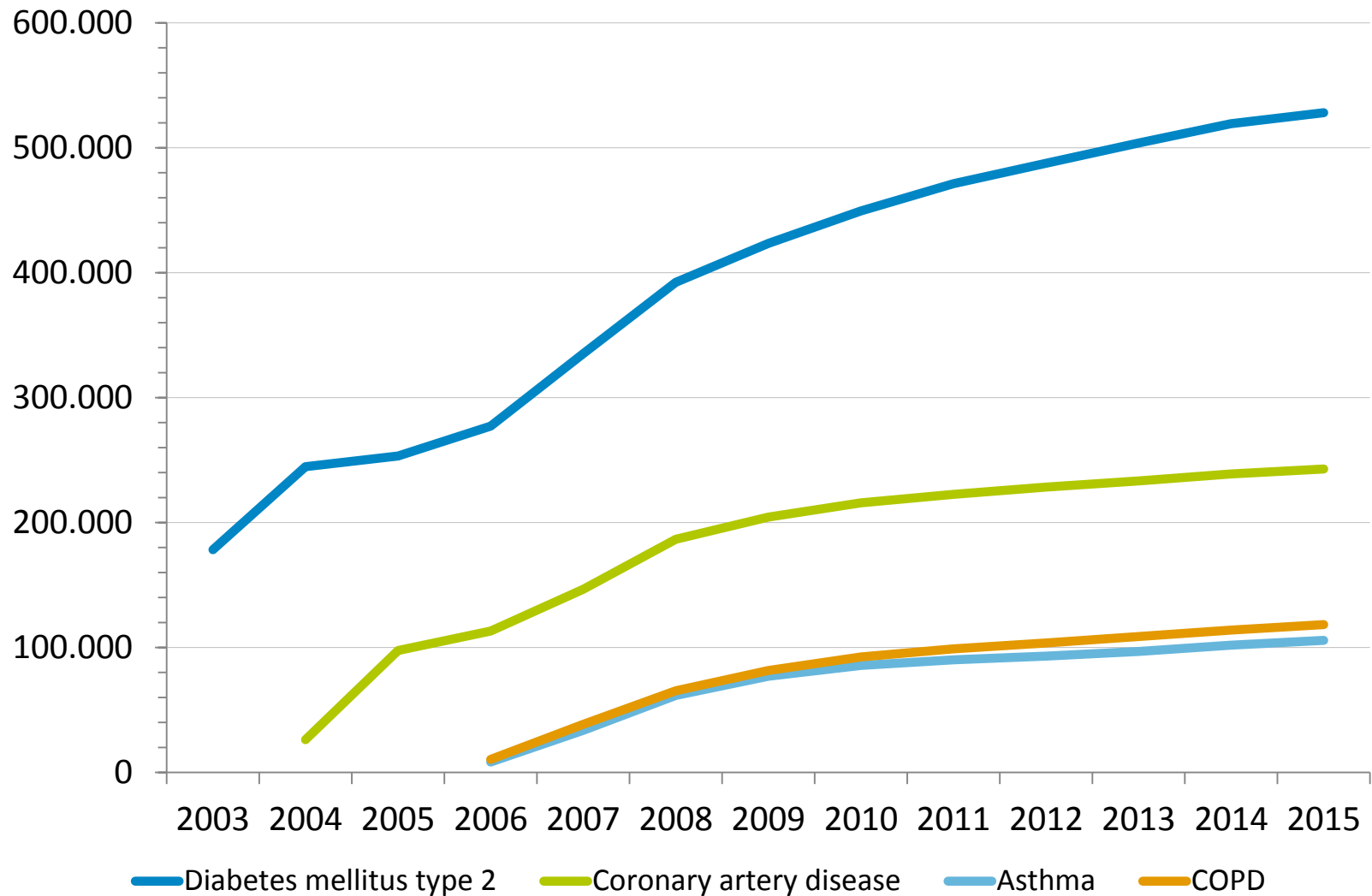
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DMP-Projektbüro Köln

Cologne Consensus Conference
September 16th 2016

Disease management programmes: an intervention?

- Not by design, but they include a number of elements which showed positive effects in interventional studies:
- Recommendations related to diagnosis and (medical) therapy
- Definition of treatment targets
- Structured and standardised documentation
- Regular feedback (feedback reports including benchmark comparisons related to the treatment targets, and data of individual patients)
- Financial incentives (for the inscription and continuous documentation of patients, patient education, laboratory tests)

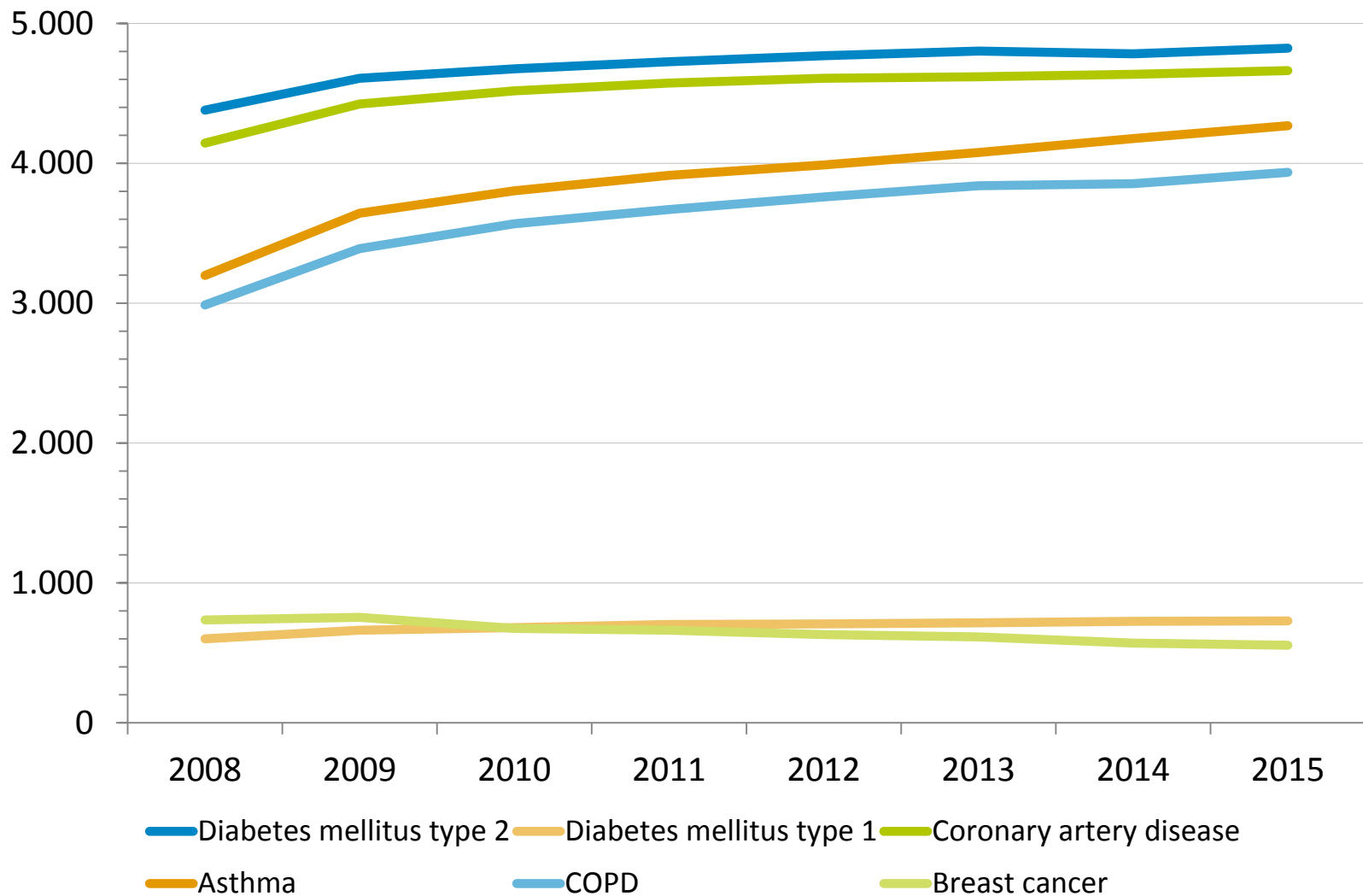
Disease management programmes in North Rhine: number of patients



Total number of patients in 2015*: 856.201; *: incl. Diabetes mellitus type 1 and Breast cancer



Disease management programmes in North Rhine: number of physicians



Total number of physicians taking actively part in at least one DMP 2015: 6.188



CME articles in feedback reports: do they impact on prescription behaviour?

- In 2005 the DMP steering committee detected disappointingly low prescription rates for medical therapy for heart failure, as recommended by the guidelines (combination of ACE-inhibitors and beta blockers, first recommended in a European guideline in 2001)
- The committee decided to include a series of CME articles in the feedback report, aiming to increase translation of guideline recommendations into patient treatment
- Methods: (1) integration of targeted CME articles into the feedback reports, plus
 - (2) presentation of prescription rates in each subsequent feedback report, plus
 - (3) lists of individual patients (pseudonymised) who (still) not received combination therapy (as recommended)

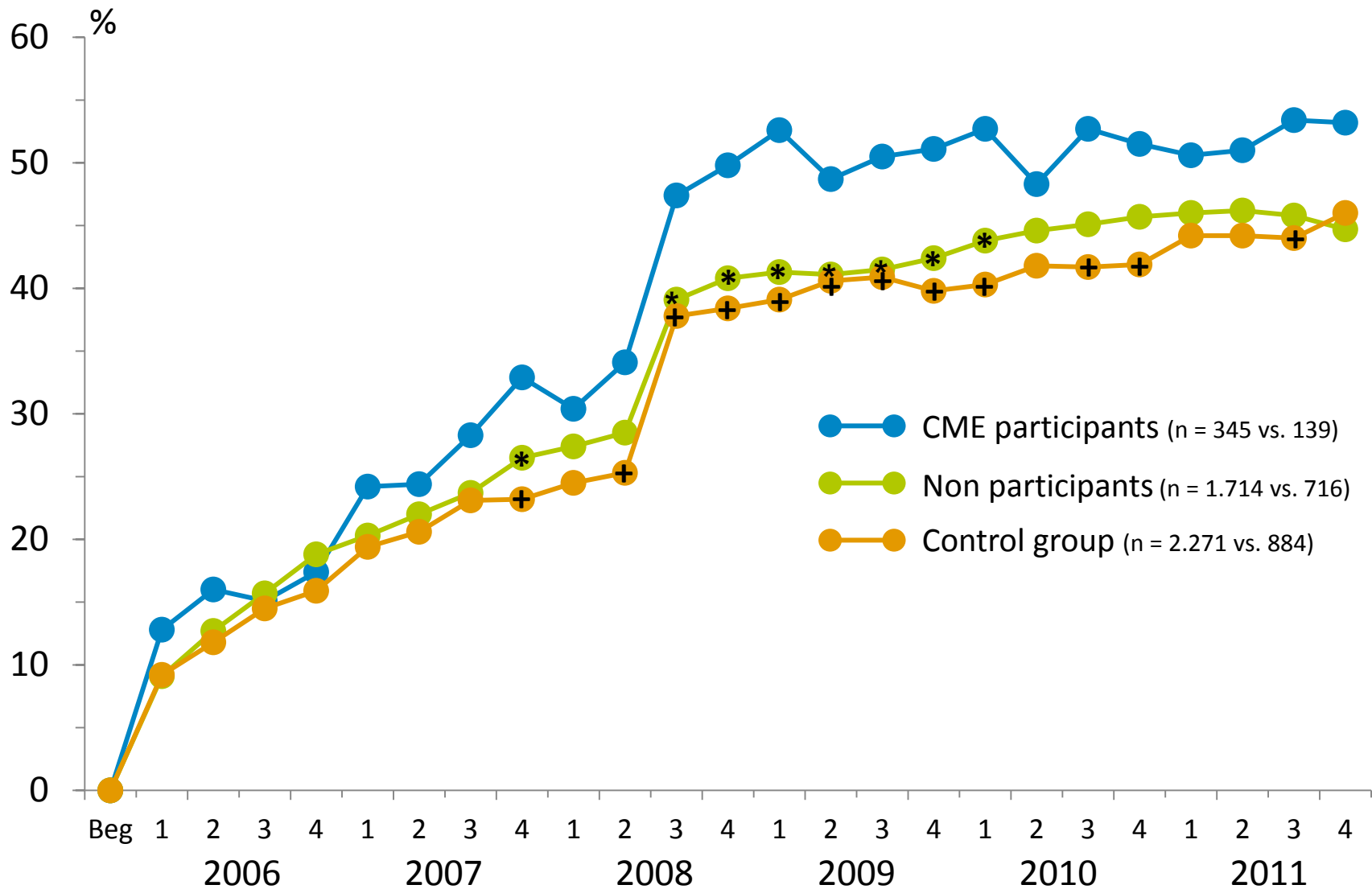
Topics and timing of CME articles in feedback reports (only DMP CAD)

Topic	Feedback report no.
Calcium antagonists	2005/2
Antiplatelet drugs	2006/1
ACE inhibitors	2006/2
Beta blockers	2007/1
Smoking cessation	2007/2
Acute coronary syndrome	2008/1
Lipid lowering therapy	2008/2
Physical activity and CAD	2009/1

Number of physicians who actively took part in CME 2006–2013

	n	%
total:	1.363 of 6.142	22,2
once:	580	42,6 (of all who took part)
twice:	247	18,1 (...)
at least three times:	536	39,3 (...)

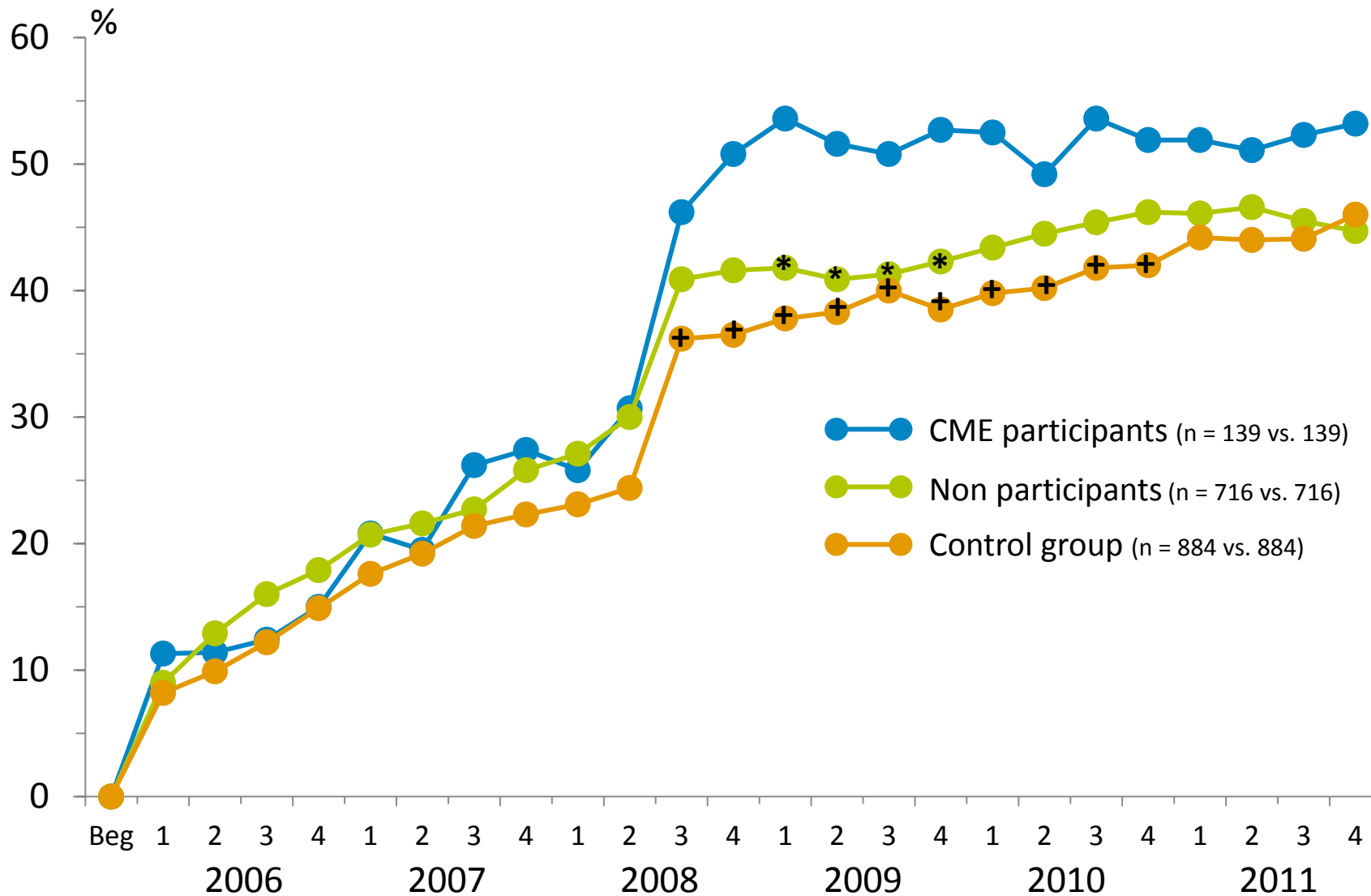
Prescription of ACE-I 2006–2011, 2005 only beta blockers, cross sectional data



* or +: $p \leq 0.05$ in comparison with CME participants; n: number of patients in 2005 vs. end of 2011



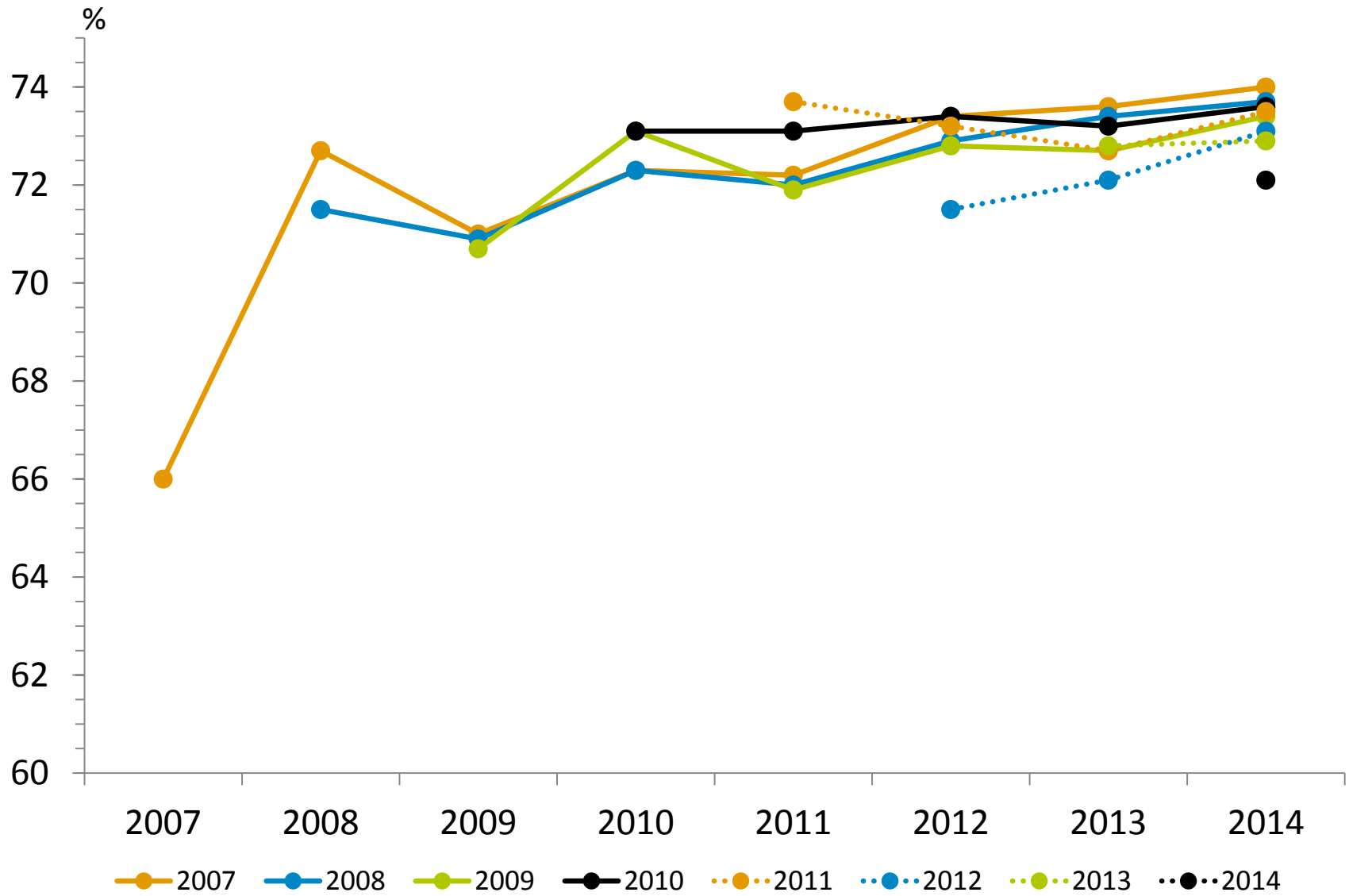
Prescription of ACE-I 2006–2011, 2005 only beta blockers, longitudinal data



* or +: $p \leq 0.05$ in comparison with CME participants; n: number of patients in 2005 vs. end of 2011



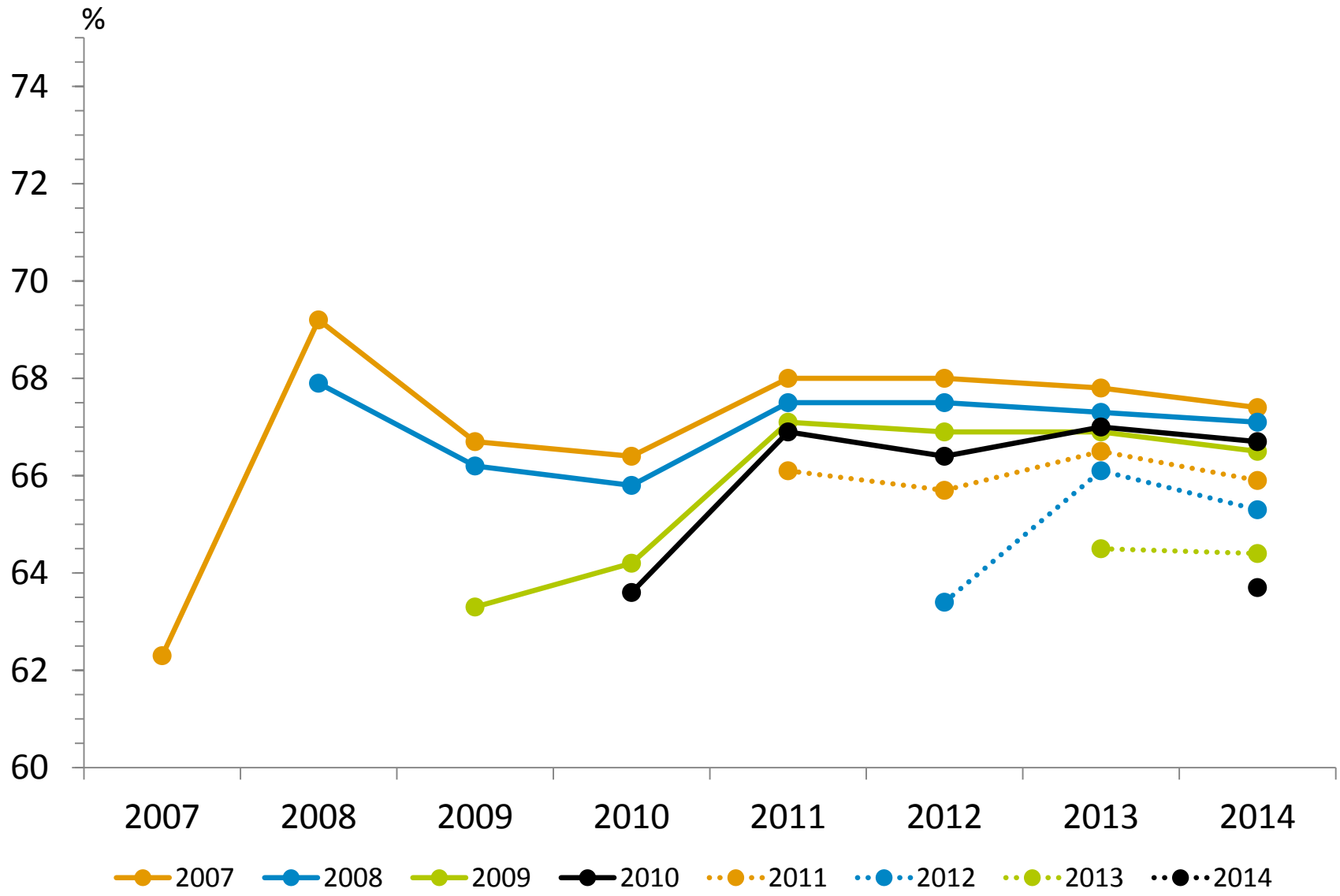
Prescription of ACE-I plus beta blockers by cohort, CME participants



Data: patients with heart failure, documented first in ...



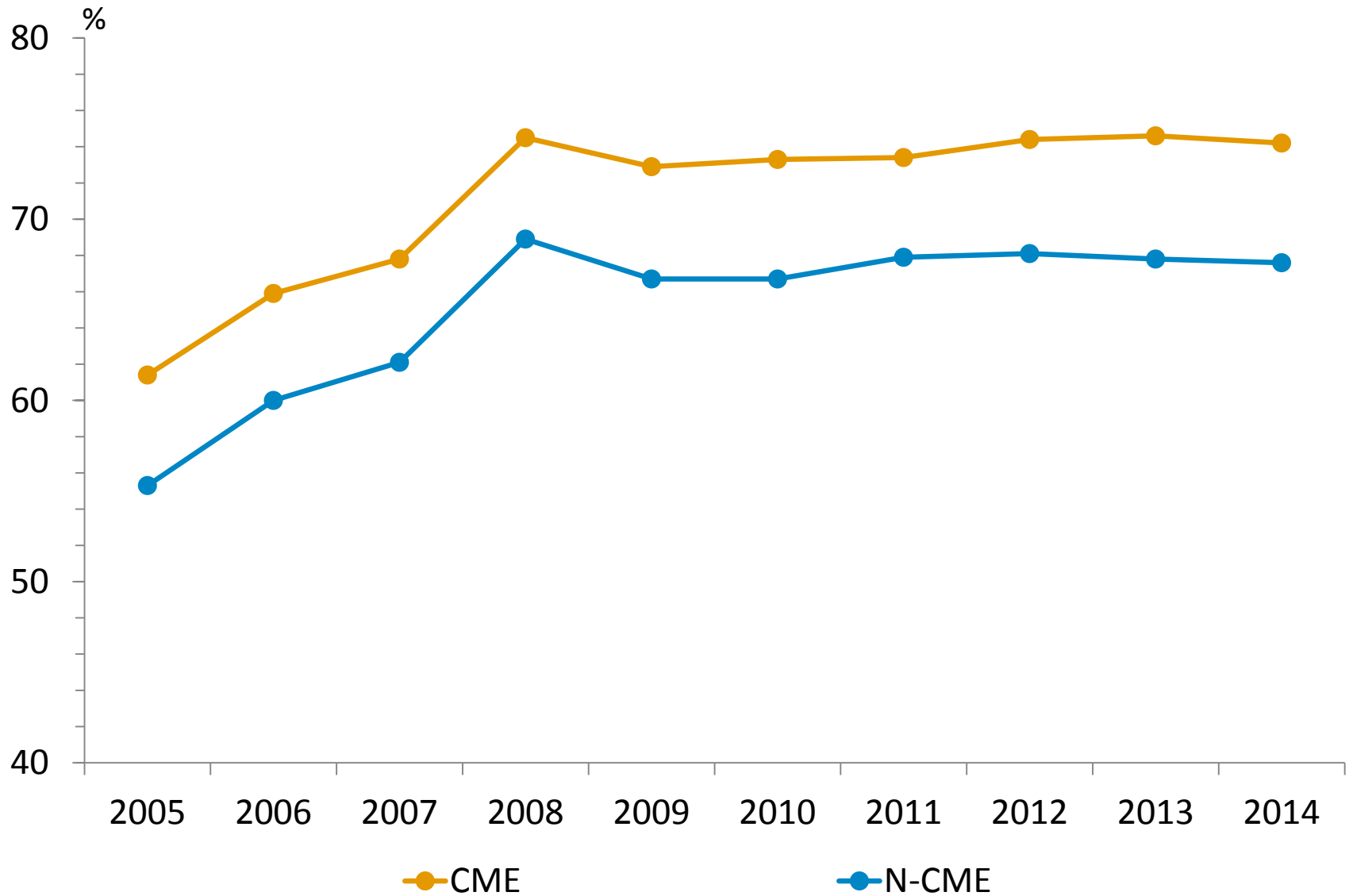
Prescription of ACE-I plus beta blockers by cohort, non participants



Data: patients with heart failure, documented first in ...



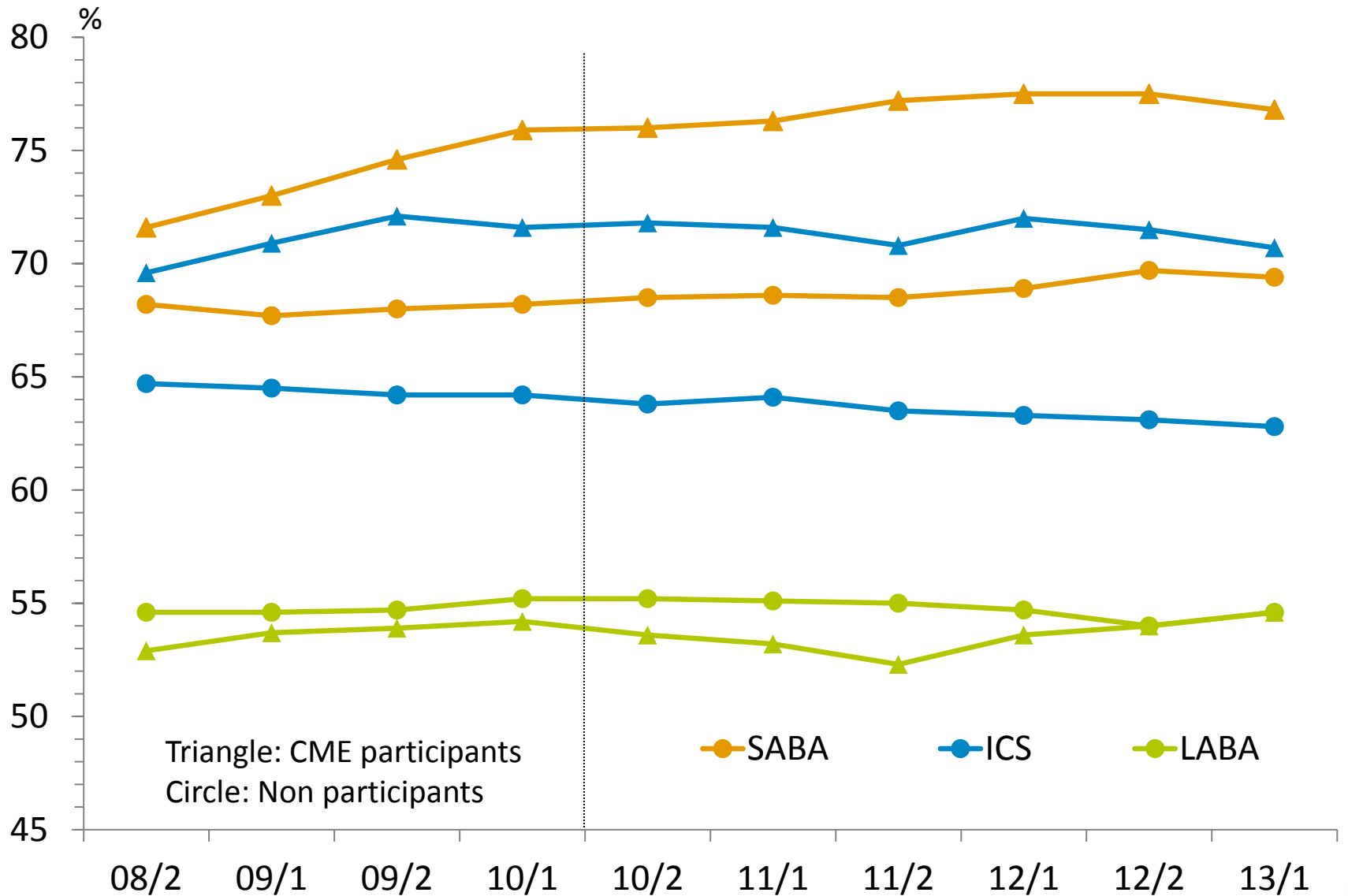
Prescription of ACE-I plus beta blockers by participation group



Data: total number of patients with heart failure documented in ...



Prescription rates of SABA, ICS and LABA: results from the DMP Asthma



Dotted line: end of term with CME text; $p < .01$ for all Δ CME vs. N-CME, SABA and ICS, for 11/2, LABA



Conclusions

- We do not know how the physicians evaluated in this study got started to prescribe medical therapy for heart failure, as recommended by the guidelines
- From the start of our evaluation period participation in targeted CME articles did not really influence the slope of the curve describing prescription rates – so attitude seems to be quite similar in „participant“ and „non participant“ physicians over a broad range of patients
- Nevertheless, regarding maximally achieved prescription rates there is a rather consistent long-term difference (of approximately 5 %) between „participants“ and „non participants“, perhaps reflecting more a difference in attitude than an effect of CME
- However, regarding the time course of change, multiple CME interventions plus feedback may be needed to maintain attitude and motivation on a level high enough to improve patient care