

Relevance of the health insurance databases to study potentially inappropriate prescriptions

Authors

M Jardin¹, MC Banide², G Saba², E Burlot², F Jozancy³, V Guagliardo¹, P Verger^{1,4,5}

1 Southeastern Health Regional Observatory (ORS Paca), Marseille, France

2 Southeastern Regional Medical Department for Health Insurance Fund (DRSM Paca-Corse), Marseille, France

3 Southeastern Regional Union of Private Practitioners (URPS-ML Paca), Marseille, France

4 Aix Marseille University, IRD, AP-HM, SSA, VITROME, Marseille, France

5 IHU-Méditerranée Infection, Marseille, France

Conclusion

- A substantial proportion of elderly people receive potentially inappropriate prescriptions;
- Medico-administrative databases can be used to produce indicators of prescription practices to be used to guide public health interventions.

Background

- Potentially inappropriate prescriptions (PIPs) for the elderly: a major issue in the quality of ambulatory care.
- Polymedication is justified to a certain extent by multimorbidity, but significantly increases the risk of adverse events and must be limited.

Objective

- To set up a regional mapping tool giving general practitioners (GPs) access to PIPs' indicators for the elderly in their practice area in order to **optimize GPs' prescribing practices for the elderly** and to **guide public health interventions**.



Methods



- Based on national guidelines, advice of experts in the field and previous works (**Reference**) conducted by the Southeastern Health Regional Observatory (ORS Paca), calculation of 7 different **indicators of potentially inappropriate prescriptions (PIPs)** for people aged 65 years or older, using drug reimbursement data from the Health Insurance Fund (PIPs' prevalence calculated among GPs' lists of patients).
- Integration of this indicators into a **mapping tool**: the Southeastern Regional Health Information System (SIRSéPACA – www.sirsepaca.org).

Reference

Jardin M et al. Potentially inappropriate prescriptions for the elderly: A study of health insurance reimbursements in Southeastern France. *Revue d'épidémiologie et de Santé Publique*. 2012;60:121–30.

Results

- PIPs prevalence differed between drugs type, GPs and territories (**Table 1**).
- Results allowed to identify the most frequent PIPs in each area for intervention.

Table 1: PIPs prevalence for the elderly in 2017 in southeastern France

PIPs prevalence in 2017	Regional mean	Variation between municipalities
Long-term prescription* of non-steroidal anti-inflammatory (NSAI) drugs	3.2%	0 to 13.6%
Prescription of at least 1 long half-life benzodiazepines	6.8%	0 to 21.6%
Long-term prescription* of benzodiazepines	9.7%	0 to 21.5%
Coprescription** NSAID / angiotensin converting enzyme (ACE) inhibitor or sartan	3.9%	0 to 14.4%
Coprescription** NSAID / vitamin K antagonist (VKA) or new oral anticoagulants	0.2%	0 to 2.3%
Coprescription** antiplatelet therapy / VKA or new oral anticoagulants	1.0%	0 to 3.4%
Prescription of NSAID without the coprescription** of proton pump inhibitors	12.5%	0 to 30.1%

* At least 3 reimbursements on a 4 month period

** Reimbursements of 2 different drugs prescribed at the same date by the same health professional