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Payment for medication reviews did not lead to better medical treatment in the elderly: an observational study

Helena Ödesjö(1), J Thorn(1), J Fastbom(2), S Björck(1)

(1) Inst of Medicine, Sahlgrenska Academy, University of Gothenburg, Sweden

(2) Aging Research Center, Karolinska Institutet and Stockholm University, Stockholm

Corresponding author: Mrs Helena Ödesjö, Sahlgrenska Academy, University of Gothenburg, Department of Public Health And Community Medicine, Torshälla, Sweden. E-mail: helena.odesjo@vgregion.se

Background & Aim: In Västra Götalandsregionen, Sweden, the coding for medication reviews among patients ≥ 75 years of age is a process indicator in a detailed pay for performance scheme since 2009. It is, however, not known whether incentives linked to process indicators, such as performing medication reviews, leads to better medical treatment. Our aim was to evaluate if the medical treatment among the elderly have improved after the introduction of payment for performing medication reviews.

Method: We performed an observational study using register data for 2009-2013 from a regional health care register (VEGA), the Swedish Population Register and the Swedish Prescribed Drug Register. Quality of drug treatment was assessed using established indicators developed by the Swedish National Board of Health and Welfare. We compared primary care units with a high or low proportion of patients receiving coding for medication reviews.

Results: Measures of appropriate drug treatment in the elderly were often better in primary care units with high reporting of codes for medication reviews. However, these units performed better already before payment was introduced. Several measures of quality of drug treatment improved equally in both high and low coding primary care units. The proportion of patients receiving inappropriate drugs decreased 2009 – 2013 from 11.1 % to 9.0 % in high coding units compared to 12.0% to 9.5% in low coding units. The proportion of patients receiving ten or more drugs decreased from 11.2 % to 10.3 % in high coding units compared to 11.8% to 9.8% in low coding units.

Conclusions: Primary care units with a high proportion of coding for medication reviews and thus receiving high reimbursement did not improve more in measures of appropriate drug treatment than low coding primary care units.