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angiotensin-

converting

calcium-channel

DATA FRAMEWORK TO IMPROVE RELATIONSHIP IN DRUGS THERAPIES BETWEEN GPS AND HOSPITAL PHYSICIANS

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OBJECTIVES: In the prescription of pharmaceutical therapies for the chronic diseases there is the responsibility both the hospital specialist doctor and the one territorial. A responsibility that can not be distinguished by the enterprise information systems. Purpose of the study is the development of an informatics framework to implement specific training plans on the hospital's doctors in order to reduce

the prescription of the ACE-inhibitors compared to the ARBs

METHODS: It has been used 2014 data of pharmaceutical prescriptions of ACE-inhibitors and ARBs, outpatient specialistic for cardiology visits, of hospital admissions by the Polyclinic of Modena, in an observational cohort study of record linkage, identifying for each outpatient service and of hospitalization the pharmaceutical prescription 30 days later 60 days prior the hospital activity



angiotensin-receptor blockers	8		16	36	31	91 (10,5%)	blockers	enzyme inhibito
calcium-channel blockers	13	40		31	26	110		
DIURETICS	16	102	23		33	174	n visits =158	n visits =195
β-blockers	32	129	48	137		346	(6.8%)	(8.5%)
OVERALL	69 (8,0%)	281 (32,7%)	111	237	162	860		

RESULTS: It has been analysed 3,5 Billion outpatient prescriptions and 27.529 hospitalizations, noting that naive patients have received 51% of ACE-inhibitors, 64% of patients has changed his own therapy from ARBs to ACE-inhibitors (after hospitalization), while 28% has a stable therapy after cardiology visits*

CONCLUSIONS: The model has allowed to distinguish the pharmaceutical therapy accomplished by the hospital's doctors compared to the one of the doctors of general medicine, highlighting also the therapies changed by the doctors of general medicine, in the absence of a focused informative system. The new data framework will support a face to face training.