

People aged 65 years and over dispensed five or more unique long term medications

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Outcome

Appropriate prescribing and dispensing for people on multiple long term medications

Measure

People aged 65 and over dispensed five or more unique long-term medications

Type

Contributory measure

Relationship(s) to other frameworks

Health Quality and Safety Commission (HQSC) Measurement definition available at: <http://www.hqsc.govt.nz>

Rationale

There is strong international and New Zealand based evidence that polypharmacy is a major risk factor for poor outcomes for the elderly. It increases the risk of drug interactions and side effects, and results in avoidable hospital admissions.

Polypharmacy is a measure that is sensitive to coordinated activity across general practice, community pharmacy, aged residential care and hospital care, and therefore reflects integration. A focus on reducing or preventing risks associated with polypharmacy is likely to have a wider effect on improving prescribing quality beyond the population receiving 5 or more long term medicines.

Eligible population

All people aged 65 years and over during the reporting year

Measure status

Active

Numerator

Count of patients aged 65 years and over that have been dispensed 5 - 7 distinct chemicals two consecutive quarters

Denominator

Count of District Health Board (DHB) population that are 65 years and over

National target

Local target

Milestones to be decided by Alliance

Total population

Data Sources

- Pharmaceutical Collection, Ministry of Health
- Statistics New Zealand population projections for the relevant years.

Data extracted from data sources

- Chemical ID
- Statistics New Zealand population projections for the relevant years.

Data availability

Data will be released by the HQSC on an annual basis.

Measure calculation process

Count of distinct master National Health Index (NHI) numbers. Age at end of quarter ≥ 65 . Date of death not before end of quarter. Number of distinct chemicals (excluding those below) dispensed in quarter that were also dispensed in previous quarter = 5 or more.

Data were analysed by quarter and the average over a year is presented. Data are presented as a rate per 1,000 population.

Exclusions from analysis of unique chemicals:

- Therapeutic group 1: dermatologicals
- Therapeutic group 1: special foods
- Therapeutic group 1: sensory organs
- Therapeutic group 1, Section C – extemporaneously compounded preparations and galenicals
- Therapeutic group 2: respiratory devices.
- Therapeutic group 2: unknown (eg, header rows, named patient authority)
- Therapeutic group 2: various eg, brand switch fee Therapeutic group 2: Diabetes management: ketone testing, blood glucose testing, insulin syringes and needles, insulin pumps, insulin pump consumables.

Relationship(s) to other measures

People receiving 5 – 7 long term medications

Measure development notes

Data for this measure will be drawn from the Pharmaceutical Collection, which contains claim and payment information from community pharmacists for subsidised dispensings.

A long-term medicine is defined as the same chemical being dispensed in two consecutive quarters. It should be noted that the data collection used for this measure does not capture unsubsidised or over-the-counter medicines; neither does it indicate whether people actually took the medicine.