

Workplace related CME and community health: Retrospective analysis of prescription rates for antiplatelet therapy (APT) in coronary artery disease (CAD) in a German Disease Management Program (DMP)

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Background / Methods

Physicians always aim to improve their patients' health and consequently also improve community health. CME should be designed to support this goal and thus not only provide knowledge transfer, but also influence clinical decision-making and close performance gaps. However, the relative weight of CME in this process needs to be determined. In a retrospective study we have analysed prescription rates for APT in 254,932 CAD patients (male: 64.4%), treated in a total of 3,405 practices in 2019 in a DMP in the region of North Rhine, Germany, to delineate the potential for change by CME to further improve community health. Analyses were run for the whole study population stratified by sex.

Results

Patients mean age was 72.7 ± 11.2 years (mean \pm 1SD), mean duration of DMP participation was 7.2 ± 4.7 years and mean cumulative number of DMP visits was 27 ± 17 . APT prescription rates were 85.0% in male and 78.8% in female CAD patients. In absolute numbers this breaks down to 21,757 male and 17,116 female patients, respectively, or 6.39 male and 5.03 female patients per practice, respectively, not receiving APT. On the background that, on average, the total quarterly number of patients seen in a German practice is 1,356, it would need to identify one patient without APT in every 100th male and every 136th female patient contact, respectively, to further increase prescription rates.

Conclusions

Our study demonstrates that a multifaceted intervention, like a DMP, can achieve high attainment rates for APT in CAD. However, these results also indicate that defining the need for change (i.e. outcome of needs assessment) not only along percentage values, but as number of eligible patients per physician and/or practice may yield a more personalised and hence more motivating approach for participants in CME.

For further details, including analyses of subgroups, please consult our paper that has just been published in the JECME:

<https://www.tandfonline.com/doi/full/10.1080/21614083.2020.1836866>

Table 1: Baseline demographic data

	Mean or N		\pm 1 SD or %
Age (years)	72.7	\pm	11.2
Male sex	164,197		64.4
DMP (years)	7.2	\pm	4.7
N of DMP visits	26.9	\pm	17.3
Arterial hypertension	226,492		88.8
Diabetes mellitus	121,502		47.7

N = 254,932 patients with follow-up documentation in 2019

Table 2: Prescription and non-prescription of antiplatelet medication by sex and frequency of treatment

	N	%
APT (+), male	123,555	85.0
APT (+), female	63,549	78.8
APT (-), male	21,757	15.0
APT (-), female	17,116	21.2
APT (-) per practice, male	6.39	0.0044
APT (-) per practice, female	5.03	0.0062
APT (-) per practice and DMP visit, male	0.237	0.0002
APT (-) per practice and DMP visit, female	0.186	0.0002

Number of practices: n = 3,405; APT (+): APT prescribed, APT (-): APT not prescribed