GPs and PCO stakeholders' views on the relative importance and influence of cost and quality on prescribing

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Main Objectives

- To explore attitudes towards the importance of cost
- To explore the influence of cost on prescribing and prescribing policy
Setting, participants and methods

- Setting: UK primary care
- Participants: prescribing stakeholders
- 4 Focus groups with 24 participants
- 26 semi-structured interviews
- Qualitative analysis – grounded analytical approach
Key interview topics

- GPs: factors influencing drug choice; attitudes to cost and budgetary management

- Chief executives & advisors: prescribing objectives; prescribing management; perception of GPs' attitudes to cost and prescribing budgets
Prescribers' attitudes and approach to cost

- Clinical effectiveness and individual patient care a priority
- 'Active' utilisation through to 'non-utilisation'
- Simple cost-minimisation
- Cost secondary – no 'trade off'
- Concern that demands for cost-restraint may undermine individual patient care
The PCG people are largely the accounts department. (GP5)

The prescribing advisers underestimate the difficulty of what we’re being asked to do in terms of sitting down with the patient. The latest one is that you ought to be able to cut your triptan prescribing in half by giving people aspirin and not metoclopramide. To say you ought to be able to get all of your neurotic, migrainy patients and save half the money is naïve in the extreme.

(GP1 focus group2)
Challenges to cost and quality consideration

- Attitudes & ideology
- Access & analysis of cost information
- Hospital prescribing
Challenges from hospital prescribing

- Expensive formulations
- Early uptake of new, expensive drugs
- Branded preparations
- Prescribing outside licensed indications
- Cost shifting
- Inconsistent prescribing policies across the interface
Challenges to cost and quality consideration

- Little external pressure to stay within budget

  *If I’m not 10% overspent I’ve got to assume I’m not doing my job right...*(GP2).

- Individual patient welfare dominated notion of opportunity costs to wider populations

- Limited collective responsibility
PCO attitudes and approach

- Cost-effectiveness agenda
- Challenge of aligning quality improvement and cost-restraint
- Prescribing strategies related to cost-minimization
If we work out how much it’s going to cost to implement a certain policy, let's say cholesterol lowering drugs for primary prevention, we’ve got to strike a balance between what we want to do and what’s prudent because we don’t want to break the bank.

(PCO adviser3)
You tend not to look at areas unless there’s a cost implication. There is a quality side as well, we never make changes 100% for cost, there will always be some area where we can say it’s improving quality, but it’s sometimes a little bit tenuous.

(PCG pharmacist)
It is a bit of a tricky situation because if you’re perceived as just doing things to save money, GPs get hacked off and they stop listening to what you’re saying because they want to treat patients with the best drugs. If you start to sway it towards cost, they switch off.

(PCO advisor2)
Challenges to cost reduction and quality improvement

- National priorities risk budgetary management
- Management & structural changes
- ‘Horns of a dilemma’ containing expenditure & improving quality - implementing what is feasible given time and resources
Concluding Remarks

- Ideological differences
- Push-pull factors
- How feasible is it to contain costs and promote cost-effective/quality prescribing?
Future Developments

- How does cost relate to quality?
- Effective collaborative working between managers and GPs
- Improved GP access to relevant cost-effective information
- Improved communication between primary and secondary care