

Attachment 3
SUGGESTED TOPICS FOR DUR PROJECTS 2007
With Division Comments

Antilipemics	General Disease Management	Effects on PDL	Anticholinergics
4	3	1	2
3	2	4	1
4	3	2	1
1	3.5	3.5	2
4	2	3	1
2	3.5	3.5	1
2	4	3	1
			1
2.86	3.00	2.86	1.25

Top Ranking 2007 DUR Projects

(1) Antilipemics and CV disease (some type of targeted intervention)

Timely topic – would need to specify if the interest is in primary or secondary prevention. Also need to consider the inclusion or exclusion of certain comorbid conditions, such as diabetes mellitus and renal failure.

In FFS this would be difficult – but not impossible. Identification of the primary care provider may be a problem; contacting the desired recipients in sufficient numbers for a study may be difficult due to address and telephone number changes.

(2) More involvement in disease management type projects (no detail provided)

This could be combined with (1). Identify the study population and then do an intervention letter with best practice guidelines to the primary care physician and a letter to the recipient reminding them that they need a lipid panel, diet consultation and an exercise program.

Same caveat in FFS – hard to keep track of the study population and difficult to get a single provider to remain involved when patients switch providers readily.

(3) Effects of the PDL (both budgetary and clinical outcomes). We have already done some of this in a very global sense.

A global assessment of changes in utilization rates for hospitalizations, ER use, specialty visits and #prescriptions/recipient and Paid Amount for all Rx's/recipient – comparing the year before the PDL and the year after the PDL. Data could be sorted by age groups and/or disease categories, or just a global figure for the entire population for each utilization measure.

It would be hard to tell what changes occurred due to the PDL since we had many other pharmacy activities going on in that period, including the CNS project and DUR projects looking at specific categories of drugs.

(4) An intervention on anticholinergic burden.

This has had the most discussion. The basic premise is to look at the total number of drugs with anticholinergic properties and develop some type of index or anticholinergic burden.

Interventions could be designed to target the elderly patients or persons with specific medical conditions, e.g., glaucoma, urinary retention, etc.

This is also a big issue with respect to persons with Alzheimer's who are taking cholinergic drugs for their Alzheimer's and anticholinergic drugs at the same time.

Additional topics

Migraine prophylaxis intervention for patients with overuse of migraine medications.