An audit looking at the variance in prescribing of DMTs at two different tertiary MS centres

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Outline

- Why I chose this topic?
- Aim
- Methodology
- Results
- Discussion, what next
- Questions

Why I chose this topic

- Today there are 9 different disease modifying therapies available (beta interferon, glatiramer, teriflunomide, dimethyl fumarate, fingolimod, oral cladribine, ocrelizumab, natalizumab, alemtuzumab)
- NHSE algorithm states which one can be used at which stage of the disease, but their remains an elements of choice

Variance

- Currently it is not known, if the variance between centres is good / bad but by measuring the variance, can try to discover unwarranted variance
  - With a plan to introduce steps that will reduce the variance
- "If we don't measure it, we can take steps to change it"

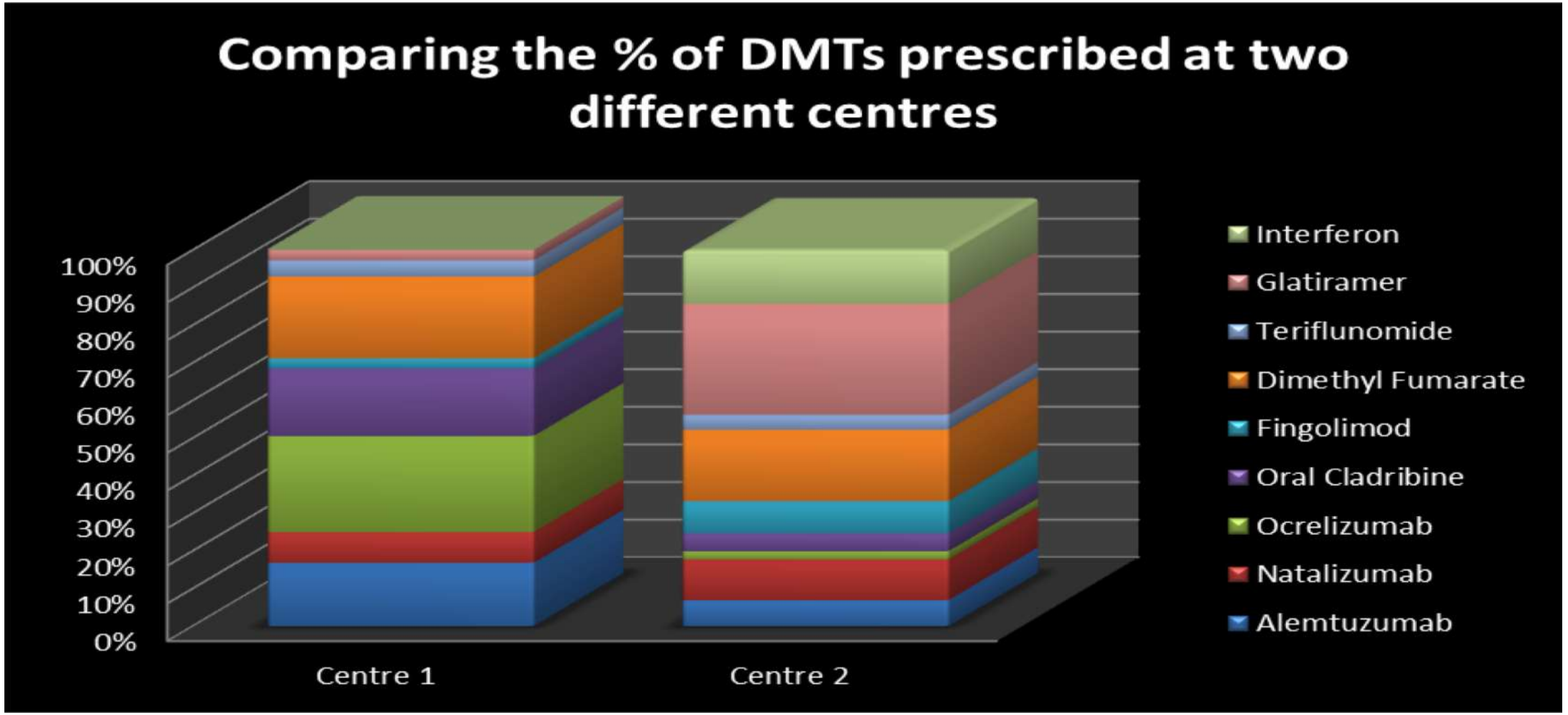
Aim

- To assess if the variance seen between prescribing centres of DMTs is replicated in the variance seen between consultants at each centre
- To check if the methodology used for two centres can be replicated across all NHSE commissioned MS centres

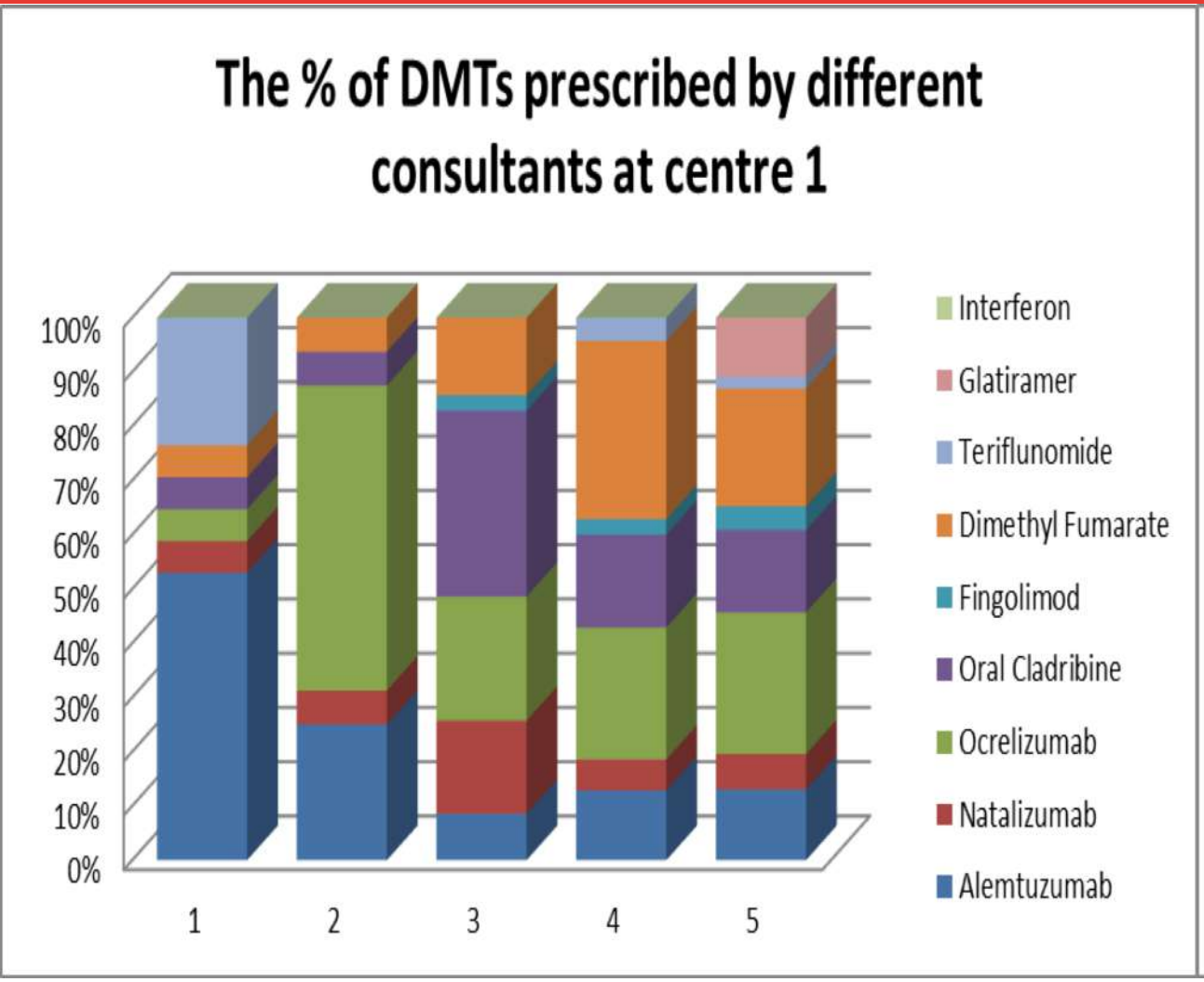
Methodology

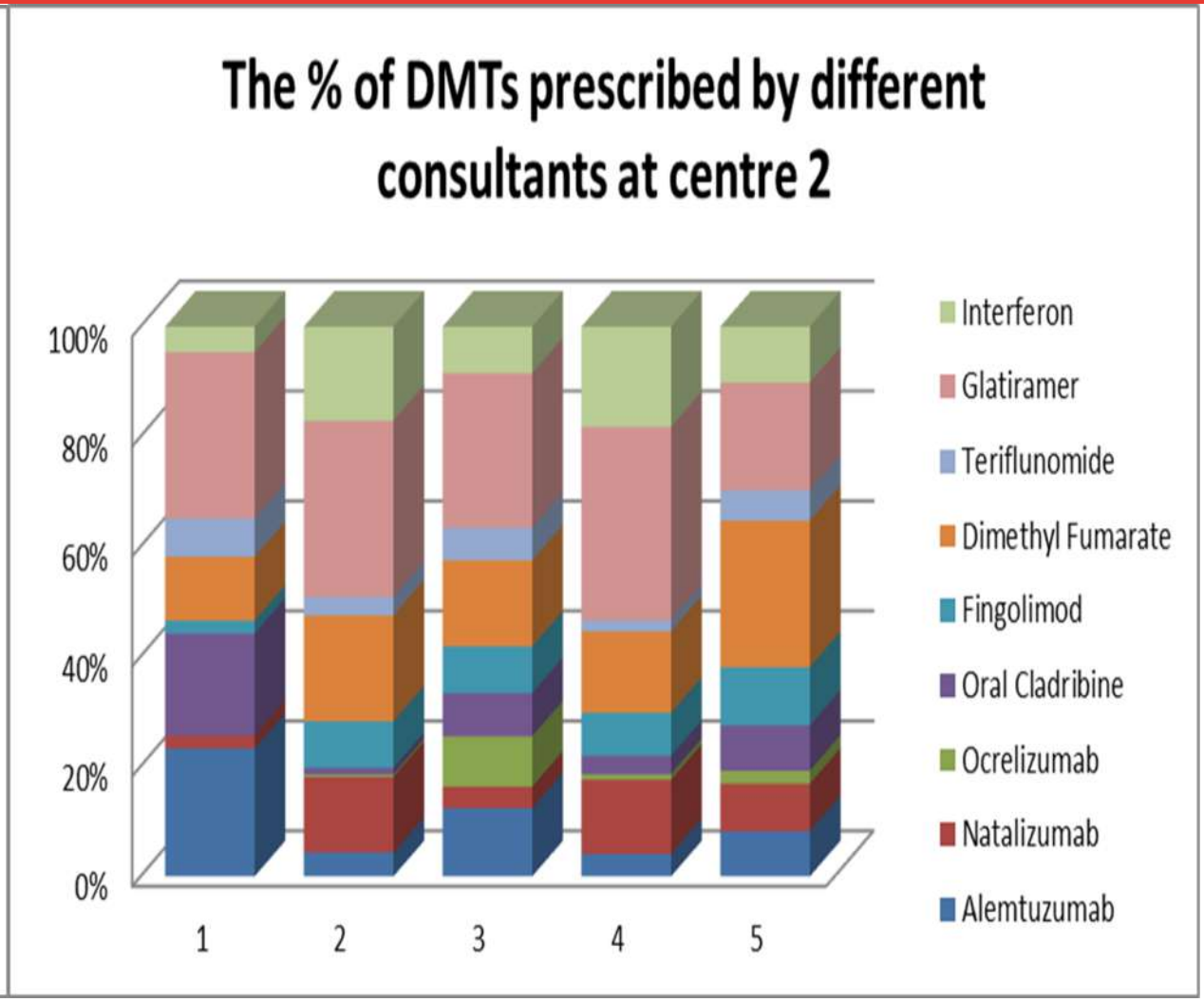
- Blueteq data was downloaded for each centre for patients STARTED on a DMT (naïve or change in treatment) from 1st April 2018 to 31st March 2019
- Excel was used to analyse the data
- The centres and consultants anonymised to protect their identities

Results: comparing the centres



Results: comparing the clinicians





Results: comparing the centres by grouping the DMTs

	Centre 1 (% for each clinician in order 1 – 5)	Centre 2 (% for each clinician in order 1 – 5)
Injectables – interferon and glatiramer	2.7% (0,0,0,0,9.8)	43.8% (30.1, 48.3, 34.8, 51.8, 28.7)
1st line oral DMTs – teriflunomide, dimethyl fumarate	26.1% (27.8, 5.6, 13.2, 35.1, 21.6)	23.0% (16.3, 22.3, 20.5, 16.4, 30.9)
2nd line oral DMTs – fingolimod and cladribine	20.1% (5.6, 5.6, 34.2, 18.9, 17.6)	13.3% (18.4, 9.5, 15.5, 10.8, 18.1)
Monoclonals – ocrelizumab, natalizumab and alemtuzumab	16.8% (61.1, 77.8, 44.7, 40.5, 41.2)	19.9% (22.4, 18.2, 24.2, 18.0, 18.5)

Discussion and what next

- The results demonstrate that there is a variance among centres and also between clinicians at the same centre (and across centres)
- If data was gained from all prescribing centres, it would allow benchmarking of clinicians – we aim to get this at the MS Academy variance day in July 2019
- But, what is the ideal treatment? Is there a gold standard?
- “If we don’t measure it, we can take steps to change it”

Acknowledgements

- Thank you to the centre that remains nameless which shared their data to allow comparisons.

- Any questions / points of discussion?