



Driving the Self Care Agenda: Minor Ailment Workload in General Practice

Fabian Dwyer, General Manager
IMS Australia & New Zealand

ims



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Background to the study

- Over the years whilst GP costs have been rising exponentially, the OTC medicines market has been relatively flat, meaning that the self care agenda has in practice going backwards
- At the same time it is anecdotally accepted that a large amount of minor illness is treated within the NHS, primarily in General Practice
- IMS Health UK has been working with PAGB to provide evidence of the savings that could be made by the NHS if patients were to increase self-medication for minor ailments
- The study provided an evidence-based assessment of the utilisation of NHS resources in the treatment of minor ailments in General Practice



Background to the study

- Following the release of an in-depth report that was produced after 12 months of intensive collaboration between IMS United Kingdom and PAGB, ASMI approached IMS Australia regarding the feasibility of a similar local report.
- The UK report was based on IMS Disease Analyser which is a Primary Care Database containing de-identified GP patient records collected daily.
- IMS Disease Analyser is a longitudinal patient database
- The Australian report is based on the Australian Medical Index (AMI) database containing de-identified GP patient records collected weekly.
- The AMI database contains one week of data from contributing GPs per QTR. The AMI database is not longitudinal
- This report provides an understanding of the diagnosis and treatment of minor ailments in Australian General Practice.



Key Findings from UK Study

57 million consultations p.a. involve minor ailments
220,000 consultations every day

90% of these consultations (51.4 million) are for
minor ailments alone

91% of minor ailments consultations result in a
prescription, at a cost of £370 million

Total NHS resource cost devoted to treatment of
minor ailments is £2 billion

20% of GP consultations involve minor ailments;
18% are for minor ailments alone



Objectives of Australian study

- 1 • Quantification of the impact of the treatment of minor ailments on overall GP workload utilising the IMS Australian Medical Index data
- 2 • Discussion of potential benefits to stakeholders from a reduction in GP consultations for minor ailments, with reference to potential incentives and mechanisms that could promote change in terms increasing self-medication
- 3 • Utilise these findings to assess the cost of consultations and of prescriptions for minor ailments in general practice



The AMI is a quarterly audit of 420 GPs. The panel is a rotating panel that is stratified by

- – REGION
 - New South Wales (incl. ACT)
 - Victoria
 - Queensland
 - South Australia (incl. NT)
 - Western Australia
 - Tasmania
- YEARS SINCE GRADUATION
 - 0 – 15 years
 - 16 – 30 years
 - 31 years and over
- Data sources include HCN and paper based diaries



An agreed list of minor ailments was generated through research and consultation

In a collaborative approach, ASMI expertise was utilised with IMS experts, to identify conditions considered to be minor ailments in Australia. These conditions were sense-checked with medical/pharmacy experts.

- **Nausea & Vomiting**
- **Sprains**
- **Acute U.R.T.I.**
- **Strains**
- **Common Colds**
- **Conjunctivitis**
- **Constipation**
- **Coughs**
- **Diarrhoea & Gastroenteritis**
- **Myalgia**
- **Allergy**
- **Cramps & Spasms**
- **Headache**
- **Heartburn**
- **Indigestion (Dyspepsia)**
- **Allergic Rhinitis**
- **Acne**
- **Rash**
- **Dermatitis & Eczema**
- **Headache**
- **Fever**
- **Back Pain**
- **Migraine**
- **Corns & Callosities**
- **Napkin (Diaper) Rash**
- **Flatulence**
- **Viral Infections**
- **Pain**
- **Teething Syndrome**
- **Tinea Pedis**
- **U.R.T.I. Multiple Sites**
- **Joint Pain**
- **Muscle Strain**
- **Gastritis**
- **Malaise & Fatigue**
- **Atopic Conjunctivitis**
- **Seborrhoeic Dermatitis**
- **Neck Pain (Cervicalgia)**
- **Dorsalgia (Backache)**
- **Acute Laryngitis**
- **Use, overuse and pressure (R.S.I.)**



Analysis of consultations and prescriptions was based on IMS Australian Medical Index database

- Australian Medical Index sources one week of data from contributing physicians. This data can be captured electronically or by completion of survey material.
- The contents of the database document the management of patients by GPs and include comprehensive records of consultations, diagnosis information; the management of the diagnosis, via prescriptions, etc.

	AMI Sample
Patients	182486
Dr Weeks	1680
Drs Contributing	1020
Total Diagnoses	279246
Total Prescriptions	170609
Data from	July '07 to June '08

- Prescriptions issued by GPs using either the generic substance or drug name are captured exactly as written, including information on indication, dose, strength, instructions and cost.
- Patient records often contain non-prescription data too such as OTC recommendations and non-drug therapy (NDT) such as Rest, Fluids, Pathology Tests which can be used to further understand the treatment of Minor Ailments in Australia.



In Australian General Practice the top 10 diagnoses relate primarily to disease process.

Only one of the top 10 diagnoses is considered as a Minor Ailment in this study

Essential (primary) hypertension
Acute upper respiratory infection
Asthma, unspecified
Depressive episode
Disorders of initiating and maintaining sleep [insomnias]
Gastro oesophageal reflux disease without oesophagitis
Need for immunization against unspecified infectious disease
Pure hypercholesterolemia
Non-insulin-dependent diabetes mellitus without complications
Arthrosis, unspecified



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The top 10 Minor Ailments as identified for this study

Rank	Projected Pt Consults	Description
1	5,525,936	Acute URTI
6	1,768,262	Dorsalgia
2	1,673,118	Diarrhoea & Gastroenteritis
7	1,142,647	Low back pain
4	1,060,286	Pain in joint
8	864,832	Cough
3	828,270	Viral Infection
5	677,519	Malaise & fatigue
9	662,067	Headache
10	620,698	Constipation



This report on minor ailments is likely to be conservative

- Minor ailment consultations reported in this study are likely to be conservative for 2 key reasons:
- Where a patient presents with a more serious condition as well as a minor ailment, the GP may not always record the minor ailment.
- A conservative approach has been used in defining which conditions should be considered minor ailments.
- As a result, the figures outlined in this study should be taken as an indicator of the burden of minor ailments on the Australia healthcare system



- Background and objectives
- Methodology

••••• **Study Findings**

- **Key Findings**
 - Detailed Findings
- Discussion



Key Findings

Panel Data:

15.3 % of GP consultations involve minor ailments;
7% are for minor ailments alone

Projected Data:

25 million patient consultations p.a. involve
a minor ailment or 21.2% of all consultations

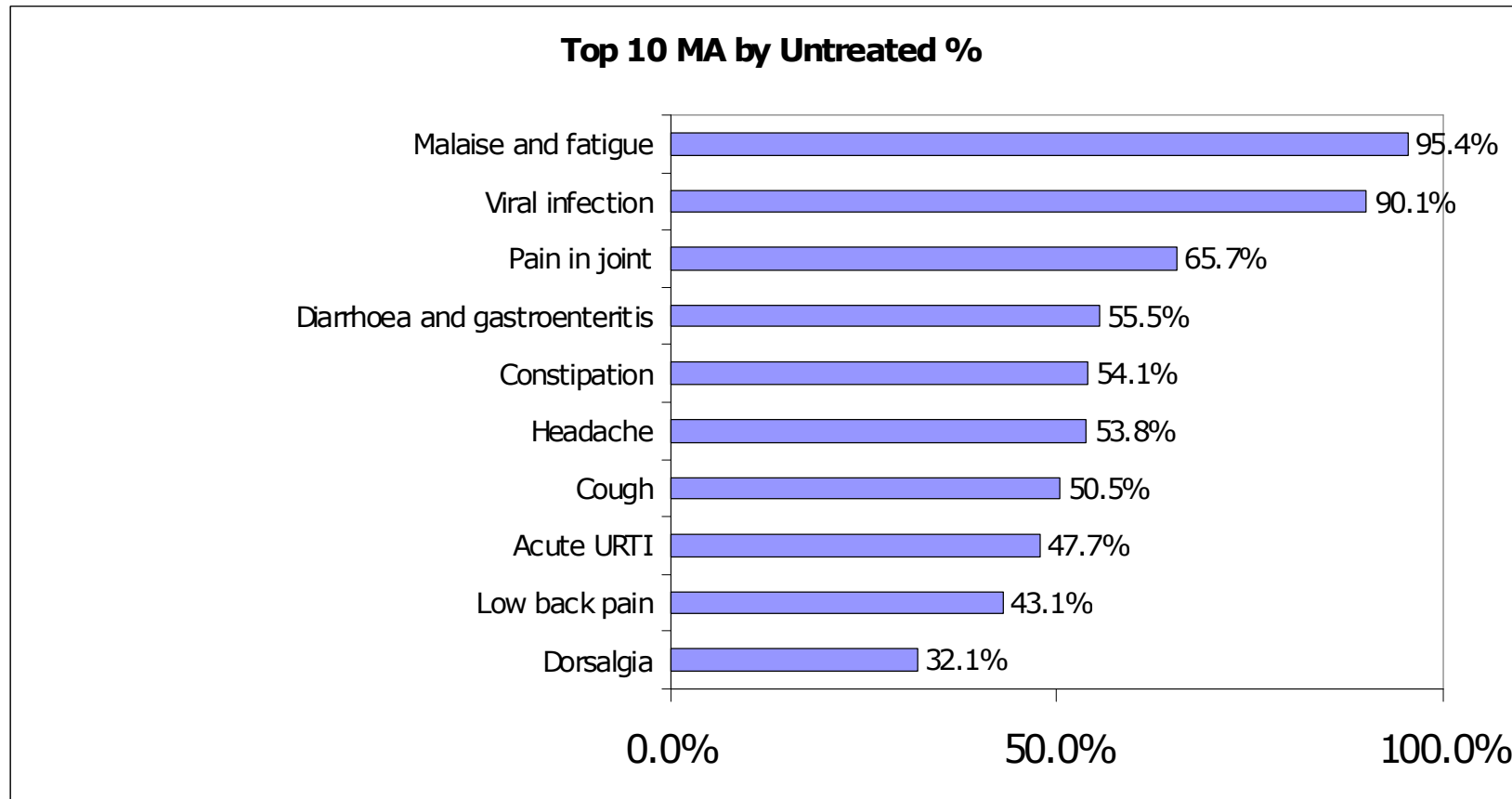
More than 14 million or 59% are treated with a
prescription for the minor ailment

The remainder are not treated with an Rx and have
varying degrees of OTC recommendation



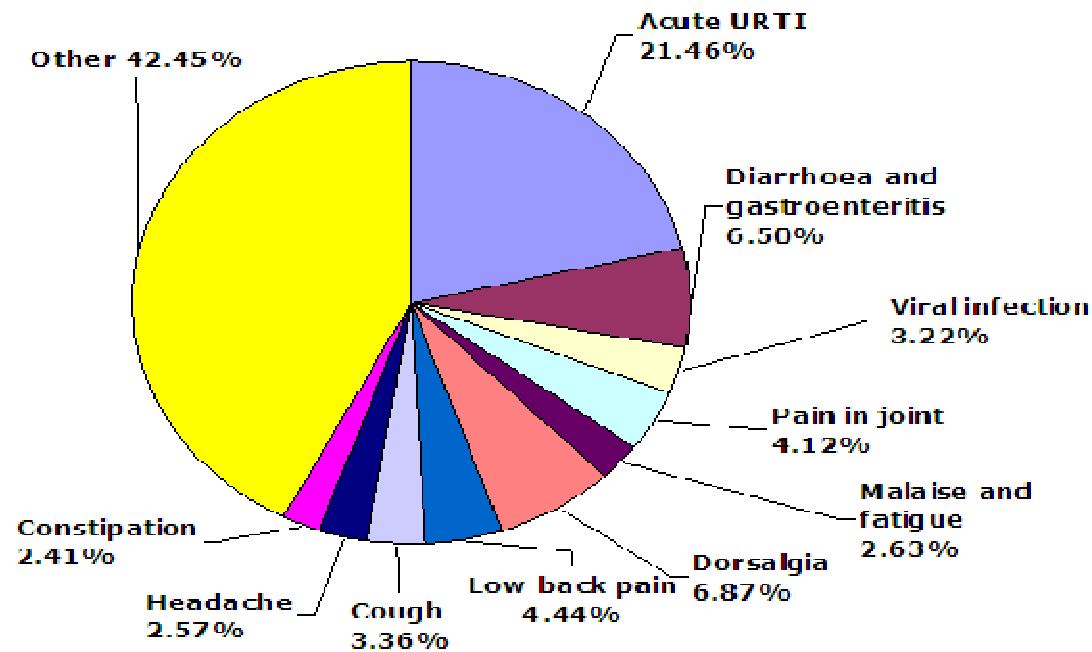
Top 10 Minor Ailments for which no Rx written

Not all patients who go to a GP receive a prescription.





ASMI The 10 most common minor ailments account for almost 60% of total consultations





Patients will be able to benefit in several ways, particularly with improved access to appropriate healthcare

Improved GP access

- Easier GP access for patients with conditions genuinely requiring GP attention
- Patients with more serious conditions could receive longer, less pressured consultation times

Easy pharmacy access

- Immediate access rather than waiting 2-3 days for GP consultation
- Interaction with appropriately trained healthcare professionals for advice on minor ailments

Greater convenience

- Reduced travel time and cost from visiting local pharmacy rather than GP surgery
- For relevant patients the cost of an appropriate OTC may be less than prescription charge

Greater autonomy

- Visiting the pharmacist & self-medicating has been shown to increase patient confidence, improving self care support skills and enabling empowerment of the patient to look after themselves





Doctors and pharmacists will also benefit

- More chance to offer enhanced services, including draw down of services from secondary care
- Improved patient outcomes via more consultation times for serious conditions
- Greater satisfaction from increased time spent on more challenging conditions
- Allows greater time/focus on QOF-related areas



- Reduction in dispensing workload and administration
- Immediate payment for product sold
- Increased quality interaction with minor ailment sufferers, leading to stronger relationships and position as “trusted healthcare advisor”
- Greater opportunity to develop and establish enhanced and advanced services





Where to from here.....

- On the basis of the study findings alone it is likely that the impact of treatment of minor ailments by GP's is substantial
- Further analysis is required to estimate the cost impacts of these findings on the Australian healthcare system
- Utilise these findings and future work to commence debate on the importance of appropriate treatment of minor ailments and the role self-care has in this debate



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