



**FOLKETINGET
STATSREVISORERNE**



**FOLKETINGET
RIGSREVISIONEN**

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National recommendations on medicines

1. Introduction and conclusion

1.1. Purpose and conclusion

1. This report concerns the Danish Ministry of Health's effort to ensure that the recommendations on medicines issued by the ministry have an impact on the treatment of patients in general practice. The recommendations are effective, if the patients are offered treatment in accordance with the recommendations.

Rigsrevisionen initiated the study in December 2018. The background for the study is the fact that the use of prescription medicines in general practice is in several cases only slowly, or not at all, being adjusted to reflect new recommendations issued by the Danish Health Authority that aim to change the use of a particular medical product. In 2003, the minister for health decided that prescription of the highly addictive benzodiazepines, used in the treatment of insomnia and anxiety, was to be reduced by 50% over a five-year period. It has, however, taken approx. 10 years to achieve this objective. Against this background, it is relevant to examine whether the Ministry of Health contributes to ensuring that the Danish Health Authority's recommendations on medicines have the greatest possible impact.

2. The Danish Health Authority is responsible for producing recommendations on medicines on behalf of the Ministry of Health. The recommendations are intended to contribute to ensuring that the best medicines with the greatest possible effect and/or a minimum of side-effects are prescribed to the patients. The recommendations on medicines come in various formats and concern the use of medicines in the health sector in general, including general practice. The recommendations clarify specific provisions in the Danish health legislation and generally reflect established norms and professional standards in specific areas. The Danish Health Authority also issues other types of recommendations that are intended to support the GPs in their decision-making. We have selected six recommendations on medicines for examination in this study.

The price of medicines has an impact on the prescription of medicines. Most of the recommendations issued by the Danish Health Authority do not address the price of medicines. This task lies with the Danish Medicines Agency, which, on behalf of the Ministry of Health, awards reimbursement to the best performing medicines in relation to effectiveness, side-effects and price. When a medical product is awarded reimbursement, the patients can buy the product below market price, because the Danish regions reimburse the patients. Reimbursement awarded by the Danish Medicines Agency is intended to ensure that the patients receive the medication that, put together, is most rational and appropriate to their needs.

In 2018, the total turnover of medicines eligible for reimbursement was DKK 8.9 billion. Approx. 63%, or DKK 5.6 billion, of this amount was contributed by the regions.

3. The Ministry of Health expects the regions to implement measures that support adherence to the recommendations in general practice. Today, the majority of all courses of treatment are started in general practice, which generally also handles follow-up and further treatment, when a citizen has been discharged from hospital or has consulted a specialist doctor. The regions are responsible for ensuring that the patients can receive treatment in general practice, but the GP determines which treatment to offer the patients.

4. The purpose of the study is to assess whether the Ministry of Health has taken adequate action to ensure that the Danish Health Authority's recommendations on medicines have the greatest possible impact on the treatment of patients in general practice. The report answers the following questions:

- Is the Ministry of Health using all its options to ensure that the Danish Health Authority's recommendations on medicines have the greatest possible impact in general practice?
- Is the Ministry of Health using all its options, through the measures implemented by the regions, to ensure that the Danish Health Authority's recommendations on medicines have the greatest possible impact in general practice?



Conclusion

It is Rigsrevisionen's assessment that the Ministry of Health has not taken adequate action to ensure that the Danish Health Authority's recommendations on medicines have the greatest possible impact on the treatment of patients in general practice. The development in the prescription of medicines encompassed by three of the six recommendations selected for the study is only moving slowly in the desired direction, and prescription of one of the medicines is headed in the wrong direction. As a result, not all patients receive the most effective treatment, or the one with the least side-effects.

It is Rigsrevisionen's assessment that the Ministry of Health has not adequately used all its options to ensure that the Danish Health Authority's recommendations on medicines have the greatest possible impact in general practice. The price of medicines affects prescription, but the recommendations and the reimbursement awarded to medicines are not always aligned. The opportunity to make reimbursement conditional upon various factors is in several cases not used to support that medicines are prescribed as recommended. Moreover, the reassessment of reimbursement is not coordinated with the issue of new recommendations on medicines, which entails a risk of misalignment between the recommendations and reimbursement over a longer period of time. The study found this to be the case in two out of eight cases, where the reassessment was not carried out immediately after the issue of the guideline. In one of the two cases, the guideline is still not reflecting the outcome of the reassessment.

The study found that the Ministry of Health monitors the general development in prescription, but does not specifically follow the extent to which treatment provided in general practice is in accordance with the Danish Health Authority's recommendations. At the same time, the ministry only works with absolute targets to set direction and follow the development, when prompted to do so by the politicians. However, the study indicates that clear, guiding targets in combination with action plans can have a positive impact.

Targets and actions plans have been set up for two of the six selected recommendations on medicines reviewed by Rigsrevisionen. These two recommendations have had a positive impact on prescription sooner than the other four recommendations.

The study found that the Ministry of Health could do more to communicate its recommendations and make them available to the GPs, who primarily consult other sources than the Danish Health Authority to obtain information on recommendations on medicines. In several cases, the sources consulted by the GPs are not representing the recommendations correctly, which makes it difficult for the GPs to determine which recommendations to follow.

It is Rigsrevisionen's assessment that the Ministry of Health does not use all the options available through the regional channels to ensure that the Danish Health Authority's recommendations have the greatest possible impact on general practice. The ministry expects the regions to communicate the recommendations to the GPs and to support their implementation, but the regions are not committed to doing so.

The study found that the regions have not consistently communicated the recommendations on medicines to the GPs and in some cases the messages communicated to the GPs are in conflict with the Danish Health Authority's recommendations. At the same time, the Ministry of Health does not monitor whether the regions' efforts have the greatest possible impact, nor has the ministry adequately ensured that the regions have access to the means necessary to achieve this objective. The regions have limited opportunities to monitor and take action, if the recommendations are not followed by the GPs. At the same time, the study indicated that there are GPs in all regions whose prescribing patterns are much less appropriate than that of their colleagues. This could be a reflection that the regions' efforts do not reach all GPs. However, the ministry is currently launching a new system intended to provide the regions as well as the GPs with better information on the development in prescribing patterns.

It is Rigsrevisionen's assessment that the Ministry of Health and the regions together need to clarify how the new system can ensure that knowledge about the efforts and results pertaining to the implementation of the Danish Health Authority's recommendations is communicated to the regions more systematically. This knowledge can support the regions in their activities to target their efforts and to follow up whether the recommendations have a positive impact on the treatment of patients in general practice.