

Percentage Rate of Chronic Beers Drug Use Among Seniors on Public Drug Programs

Name	Percentage Rate of Chronic Beers Drug Use Among Seniors on Public Drug Programs
Short /Other Names	Not applicable
Description	The rate of seniors who are chronic users (defined as those with at least 2 claims and 180 days' supply over a year) of at least 1 drug from the Beers list (a commonly used list of drugs that are identified as potentially inappropriate to prescribe to seniors due to an elevated risk of adverse effects)
Interpretation	This indicator is interpreted as the rate of seniors who have chronic use of a medication identified as potentially inappropriate to prescribe to seniors because it is either ineffective or it poses unnecessarily high risk for older persons and a safer alternative is available. It should be noted that there may be cases where it is appropriate for seniors to take drugs on the Beers list. There may be differences in population characteristics (such as age and health status) between seniors with and without public coverage. In provinces where a lower proportion of seniors have claims accepted by the public plan, drug utilization patterns among those with public coverage are more likely to be affected by these differences and, therefore, may be less reflective of utilization patterns among all seniors in the province.
HSP Framework Dimension	Health System Outputs: Appropriate and effective
Areas of Need	Living With Illness, Disability or Reduced Function
Geographic Coverage	Newfoundland and Labrador, Prince Edward Island, New Brunswick, Nova Scotia, Quebec, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, Yukon
Reporting Level /Disaggregation	Province/Territory
Indicator Results	https://secure.cihi.ca/estore/productSeries.htm?locale=en&pc=PCC520

Identifying Information

Name Percentage Rate of Chronic Beers Drug Use Among Seniors on Public Drug Programs

Short/Other Names Not applicable

Indicator Description and Calculation

Description	The rate of seniors who are chronic users (defined as those with at least 2 claims and 180 days' supply over a year) of at least 1 drug from the Beers list (a commonly used list of drugs that are identified as potentially inappropriate to prescribe to seniors due to an elevated risk of adverse effects)
Calculation: Description	The total number of seniors with at least 2 claims and 180 days' supply for a drug from the Beers list that was accepted by a public drug program divided by the total number of seniors with at least 1 claim for any drug accepted by a public drug program
Calculation: Geographic Assignment	Place of residence
Calculation: Type of Measurement	Percentage or proportion
Calculation: Adjustment Applied	Age-sex-adjusted
Calculation: Method of Adjustment	Direct Standardization Standard Population: Standard population: Canadian seniors population (Statistics Canada, Demography Division, CANSIM table)
Denominator	Description: Total number of seniors with at least one claim accepted by a public drug program Inclusions: All seniors (age 65 and older) Exclusions: All non-seniors (age younger than 65) Description: Total number of senior claimants with at least 2 claims and 180 days' supply for a drug from the Beers list accepted by a public drug program Inclusions: All seniors (age 65 and older) with at least 2 claims and 180 days' supply for a drug from the Beers list Exclusions: 1. All non-seniors (age younger than 65) 2. Seniors without at least 2 claims and 180 days' supply of a drug from the Beers list
Numerator	

Background, Interpretation and Benchmarks

Rationale	Seniors are at greater risk for adverse drug reactions (ADRs) as well as other types of drug-related adverse events due to the number of drugs they take, the higher prevalence of certain chronic conditions and age-related changes in the body. The higher prevalence of chronic conditions does contribute to the number of drugs seniors take. However, it is important to evaluate the appropriateness of each medication prescribed.
Interpretation	<p>The Beers list is a commonly used list of drugs identified as potentially inappropriate to prescribe to seniors because they are ineffective, they pose unnecessarily high risk for older persons or a safer alternative is available.</p> <p>This indicator is interpreted as the rate of seniors who have chronic use of a medication identified as potentially inappropriate to prescribe to seniors because it is either ineffective or it poses unnecessarily high risk for older persons and a safer alternative is available. It should be noted that there may be cases where it is appropriate for seniors to take drugs on the Beers list.</p> <p>There may be differences in population characteristics (such as age and health status) between seniors with and without public coverage. In provinces where a lower proportion of seniors have claims accepted by the public plan, drug utilization patterns among those with public coverage are more likely to be affected by these differences and, therefore, may be less reflective of utilization patterns among all seniors in the province.</p>
HSP Framework Dimension	Health System Outputs: Appropriate and effective
Areas of Need	Living With Illness, Disability or Reduced Function
Targets/Benchmarks	Not applicable
References	Not applicable
Availability of Data Sources and Results	
Data Sources	NPDUIS Database
Available Data Years	<p>Type of Year: Calendar</p> <p>First Available Year: 2000</p> <p>Last Available Year: 2016</p>
Geographic Coverage	Newfoundland and Labrador, Prince Edward Island, New Brunswick, Nova Scotia, Quebec, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, Yukon
Reporting Level/Disaggregation	Province/Territory
Result Updates	
Update Frequency	Whenever required for analytical product or data request
Indicator Results	<p>Web Tool: CIHI's eStore: Drug Use Among Seniors on Public Drug Programs in Canada</p> <p>URL: https://secure.cihi.ca/estore/productSeries.htm?locale=en&pc=PCC520</p>
Updates	Not applicable
Quality Statement	<p>The National Prescription Drug Utilization Information System (NPDUIS) Database includes claims accepted by public drug programs, either for reimbursement or toward a deductible. Claims are included regardless of whether or not the patient actually used the drugs.</p> <p>The NPDUIS Database does not include information regarding</p>
Caveats and Limitations	<p>–Prescriptions that were written but never dispensed</p> <p>–Prescriptions that were dispensed but for which the associated drug costs were not submitted to or not accepted by the public drug programs</p> <p>–Diagnoses or conditions for which prescriptions were written</p>
Trending Issues	<p>The NPDUIS Database contains claims data from public drug programs in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland and Labrador and Yukon. The First Nations and Inuit Health Branch (FNIHB), a federal drug program, also submits data, which comes from all Canadian provinces and territories (including those not listed above).</p> <p>All data is not available for all years:</p> <ul style="list-style-type: none"> – Manitoba, Saskatchewan, Alberta, New Brunswick: From January 2000 – Nova Scotia: From April 2001 – Prince Edward Island: From April 2004 – British Columbia: From January 2006 – Yukon: From January 2007 – Newfoundland and Labrador: From April 2008 – Ontario: From April 2010 – First Nations and Inuit Health Branch: From October 2010

Comments Not applicable