# USING ROUTINELY COLLECTED DATA

## TO INFORM PHARMACEUTICAL POLICIES

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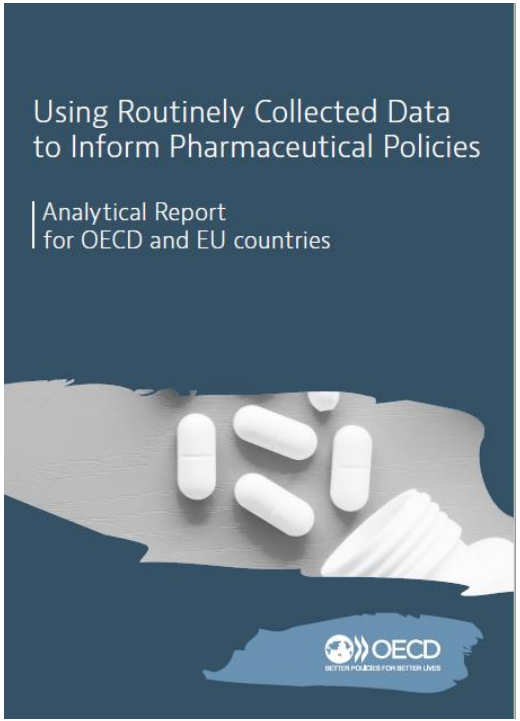
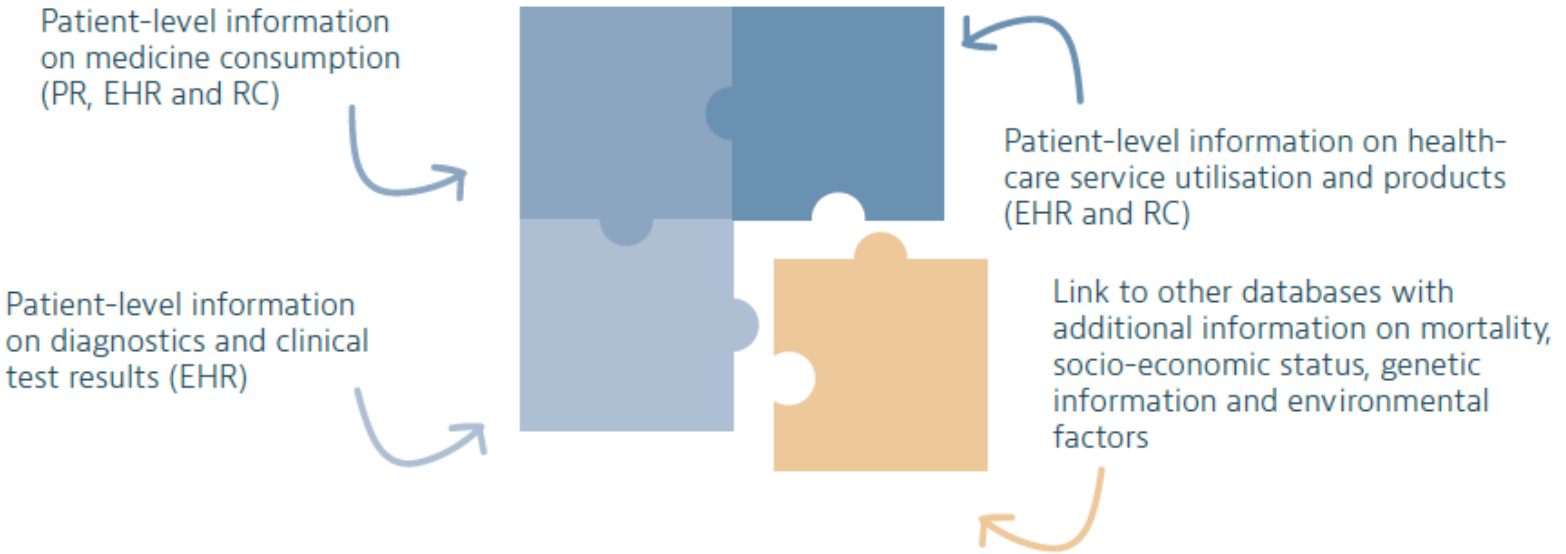
# Are countries evenly prepared to exploit the full potential of routinely collected data (RCD)?




# Routine data are widely collected across the OECD & EU




**Note:** PR: Pharmacy records, EHR: Electronic Health Records, RC: Reimbursement claims and billing information.
**Source:** *Using Routinely Collected Data to Inform Pharmaceutical Policies. Analytical Report.*

# What influences the use of RCD to inform policies?

## Accessibility: data governance, interoperability and data infrastructure

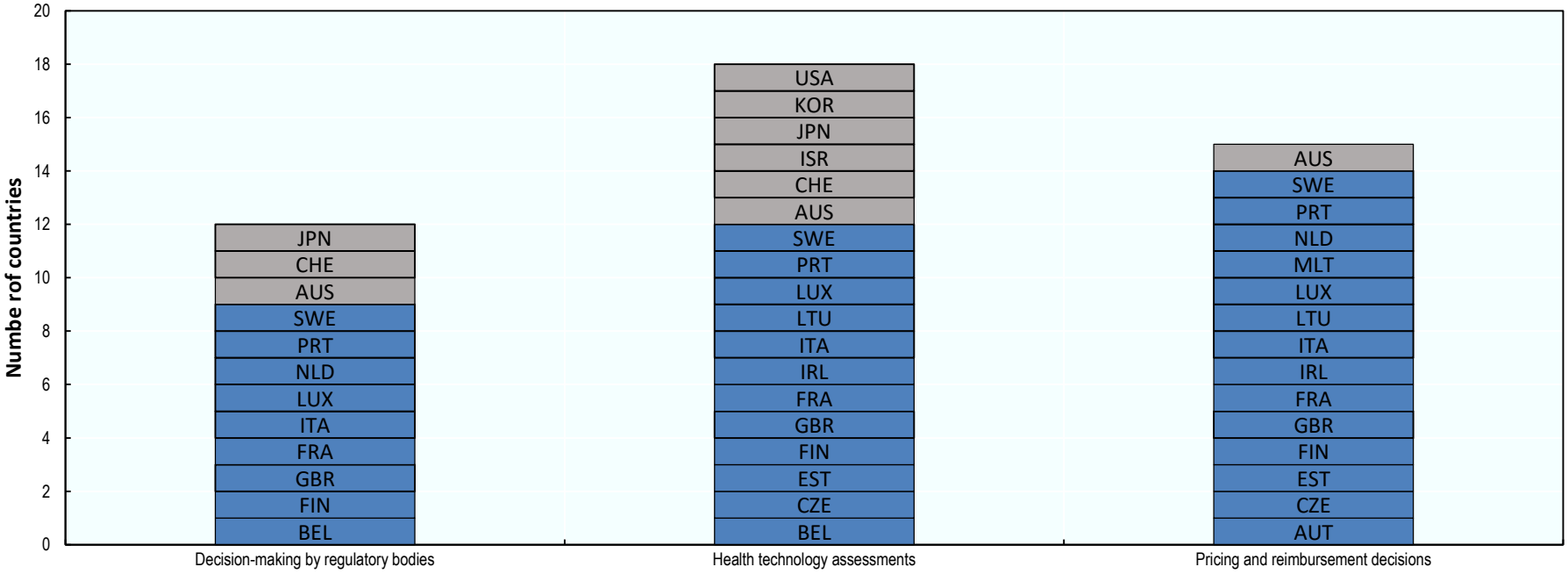
- Information infrastructure and health data governance allowing record linkage across different custodians
- Legal barriers may limit access to routinely collected data for secondary purposes, mainly due to data privacy issues
- Cross-border data sharing challenged by data incompatibility, fragmented softwares

## Applicability: capacity to generate evidence

- Countries unevenly prepared to harness the potential of RCDs
- Knowledge-sharing could be enhanced
- Some databases are used extensively in pharmaco-epidemiological research;
    - Nordic Prescription Registries
    - CPRD, United Kingdom
    - SNDS, France

# Health systems mainly use RCD to monitor spending and compliance with guidelines

# Actionability of evidence from clinical practice
## from monitoring to policy impact




Blue colour indicates EU Member States, grey colour indicates non-EU OECD member countries.
Source: OECD 2018 Survey on routinely collected data

# ….and a few examples of how health systems use RCD in pharmaceutical policies

**Safety alerts**

- **EMA** – testosteron products subject to strict surveillance due to safety concerns
- **Australia –** stronger risk mitigation measures in prescribing valporate for women of child-bearing age
- **France** – HPV vaccine maintained, while Benfluorex (Mediator®)was withdrawn from market

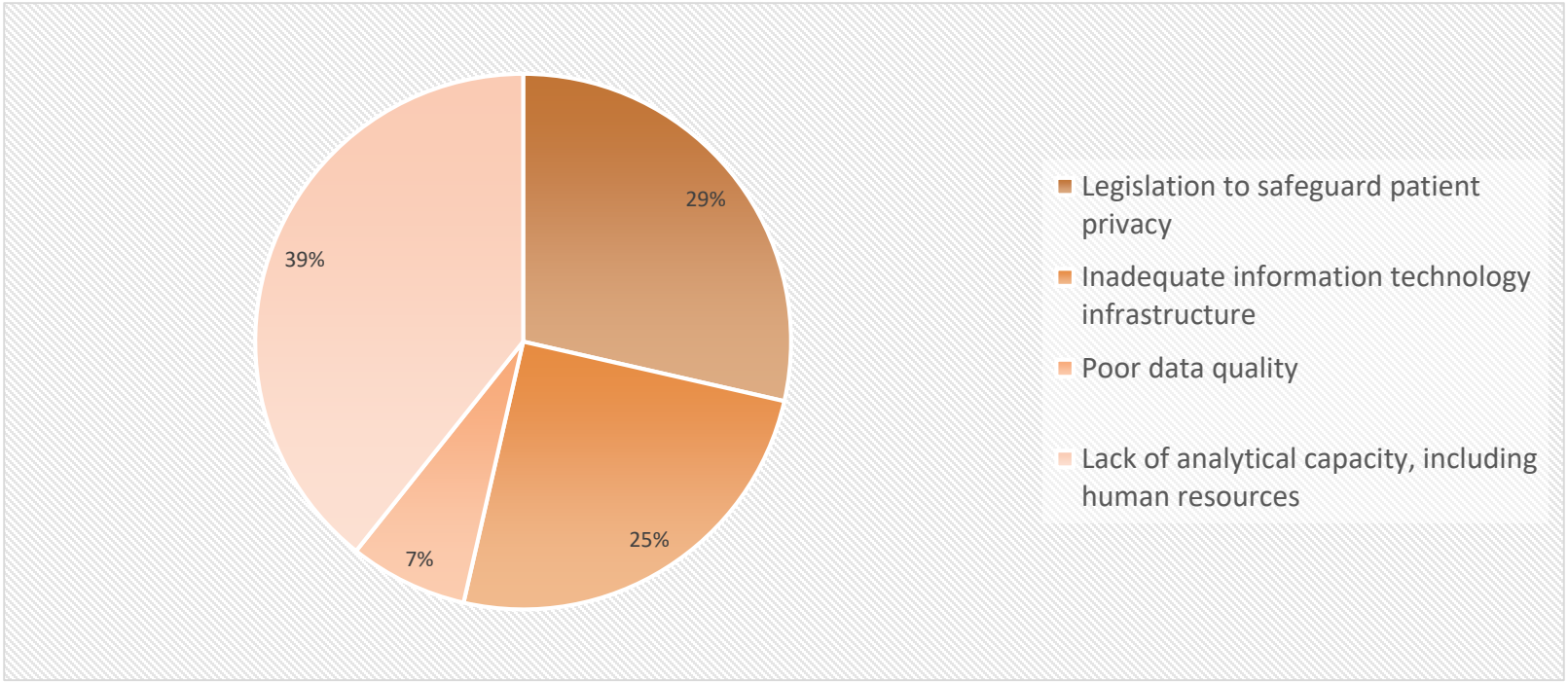
**Clinical practice guidelines**

- **Australia –** improving quaity of ADHD prescribing in children
- **Israel** – lowering cholesterol levels by using statins did not have significant impact on outcomes, clinical guidelines maintained
- **United Kingdom** – continuation of pertussis vaccination programme

**Reimbursement policies/pricing**

- **Finland** – Impact assessment of generic subsititution and reference pricing for antipsychotpics
- **France** – delisting of a specific type of hormonal contraceptives

# What limits the use of RCD ?



# What does the future hold for RCD?

Developing **data quality** and **methodologies** on how to use routinely collected data may increase leverage of RCD and evidence from clinical practice in medicines management

Improved data infrastructure and governance are key elements in order to achieve better accessibility and applicability of RCD

Health systems **can do more to exploit the potential** of routinely collected data and enable cross-border knoweldge sharing

# Thank you for your attention

**Using routinely collected data to inform pharmaceutical policies**

Health systems routinely collect vast amounts of patient-level data. These data offer increasing opportunities to distil evidence from clinical practice, and to assess and monitor the effectiveness and safety, benefits and the costs of health care interventions. In many OECD and EU member countries, the breadth and volume of routinely collected electronic patient-level data are reaching a crescendo, but their capacity to generate and use evidence to inform health policies varies considerably.

With support from the European Commission, the OECD explored countries' routine collection of data on prescribed and dispensed medicines to identify best practices, and to assess the potential impact on health and pharmaceutical policy.

- Download **Using routinely collected data to inform pharmaceutical policies: Analytical Report**
- Download the **EU/EEA Country Notes**

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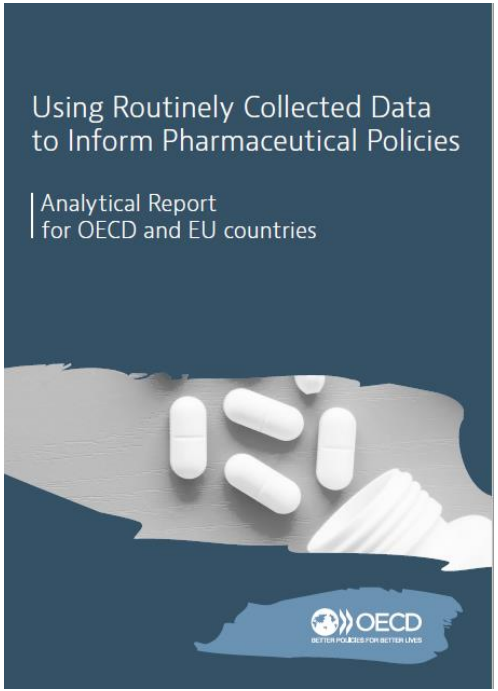


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