Editorial

The ‘Wise List’ – A Comprehensive Model for Drug and Therapeutics Committees to Achieve Adherence to Recommendations for Essential Drugs Among Prescribers?

In this issue of the journal, Gustafsson et al. [1] describe the history and key policy elements of the Stockholm County Council’s approach to achieve adherence to independent essential drug recommendations by branding and marketing a booklet called the ‘Wise List’, directed to prescribers (general practitioners and specialists) and the public.

For the Swedish capital region (2 million inhabitants), the concept includes a coherent policy for selection of just over 200 cost-effective essential drugs to be used for primary and hospital in- and outpatient care. The ‘Wise List’ concept has been consistently developed and expanded during the last 20 years. It is combined with continuous medical education, electronic access to recommendations, follow-up of adherence as well as with financial incentives. Most importantly for the success of this concept is the involvement of the prescribers, respected and independent drug experts and the public. In addition, the access to recommendations has been provided at point of care by using emerging information technology tools such as decision-support systems [2].

The approach is centered around the ‘Wise List’ (Kloka Listan in Swedish), a drug formulary of essential medicines published as a booklet for patient care in the whole Stockholm health care region and accessible for prescribers in electronic health records and at the independent and regional website for drug information.

Behind this publication stand regional and local multidisciplinary teams of participating physicians, pharmacists and clinical pharmacologists. The power of the concept of the ‘Wise List’ stems from the development of a consistent and transparent procedure for recommending drugs across pharmacotherapeutic areas by involving clinical pharmacologists, competent in critical drug evaluation, and taking the leadership to assure trust in the quality and the independence of the selection of drugs [3]. There is a strong emphasis on implementation including academic detailing programmes and reaching out to practising physicians. Through public information campaigns, the patients are informed of the existence and the value of the ‘Kloka Listan’.

This work shows that it is feasible to change prescribing habits to reach as much as 87% adherence to recommendations in the ‘Wise List’ among primary health care centres in 2009. The lesson is that a comprehensive approach with a 10-year perspective is needed. The addition of knowledge databases on drug-drug interactions and dosage instructions increased the power of this concept, as computerised information is now widely accessible at the point of care in the form of decision support systems to further enhance adherence.

The approach of the Swedish Stockholm County Council has been implemented in most of the other health care regions of Sweden, albeit sometimes only partially. Other
European countries have also Drug and Therapeutics Committees or independent Drug Information Centres with or without a formal national mandate to provide impartial, evidence-based, point-of-care drug recommendations.

Some countries in Europe and most countries in the rest of the world do not have access to such services and rely on limited information activities of the registration authorities, or on Physician Desk Reference services, provided by publishers and/or the pharmaceutical industry.

Is the quality of prescribing worse in countries where such Drug and Therapeutics Committees or independent Drug Information Centres do not exist, are weak or not sustained by implementation programmes?

From the European Surveillance of Antibiotic Consumption [4], we know that in France, Greece and Spain, consumption of antibiotics on a daily basis is up to three times higher than in The Netherlands and in Scandinavian countries. Apparently, these latter countries have deployed successful nation-wide strategies to enhance rational prescribing, and the former countries have not [5,6].

From the Effective Practice and Organisation of Care review group of the Cochrane Collaboration, we know that there are no simple effective interventions [7]. Multifaceted approaches on local levels are needed to improve the quality of drug prescribing and to assure the consistent choice of effective, safe and cost-effective drugs [8]. It is my opinion that the presence of strong independent Drug Information Centres and Drug and Therapeutics Committees is also a prerequisite for the success of targeted campaigns to improve prescribing in specific pharmacotherapeutic areas.

The organisation of the health care systems evolves from public to private governance, from national to small health care area approaches. The pharmaceutical industry, too, will discover and apply the power of information technology to market their drugs. Health policy-makers are pushing the wide spread use of electronic health care records and of electronic prescribing.

Hence, the question can be posed: Will the proposed ‘Wise List’ concept by the Drug and Therapeutics Committees be sustainable in future?

The publication of Gustafsson et al. [1] demonstrates that their ‘Wise List’ approach along with the electronic support systems in Stockholm County can be achieved economically and will lead to improved quality of care alongside potential savings. They suggest their model to be implemented across Europe and globally, provided the key characteristics are preserved. To make this happen, intense international collaboration between Drug and Therapeutics Committees, independent Drug Information Centres and Clinical Pharmacology Departments will be needed to face the tremendous challenges posed by innovations in information technology [9–11].

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References
