

Using **comparator practices** to make **your reports** more meaningful

The problem with national comparisons

We understand that no two practice populations are the same and therefore it can be difficult to compare your practice's prescribing to national prescribing levels.

The development of comparator practices

To help combat this problem and make these reports more relevant to you, we have developed comparator groups. In the new reports your prescribing will be compared to ten practices from across New Zealand whose patient populations are similar to yours in:

- Age
- Ethnicity
- Gender
- Deprivation

We will account for the size of your registered practice population by using proportions or standardised formats e.g. prescribing per 1000 practice population

Eliminating the demographic differences mean you will be able to more easily determine genuine differences in your prescribing practices compared with your comparator practices.

If the prescribing from your practice is different compared to other practices in your comparator group, this may be explained by reasons, such as:

- Your prescribing practice and decision making is different to your peers
- The region you live in e.g. medicines to treat sore throats and rheumatic fever in the far North of New Zealand will be higher than in the South
- Someone in your practice may specialise in a particular area of medicine that uses certain medicines more than others, e.g. dermatology and isotretinoin prescribing



Further investigation of your prescribing

Undertaking an audit or peer group discussion around these medicines may provide more detail to help identify similarities and differences in prescribing practice compared to other primary care practitioners. If any issues have been identified these types of resources can help instigate change and lead to more appropriate use of medicines

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