Evaluating the Degree of Coordination in Hypertension Medications Across Primary Healthcare Institutions, Secondary Hospitals, and Tertiary Hospitals in Shanghai, China

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► BACKGROUND

- Hypertension is common in China, and its prevalence is rising. A 2018 nationwide survey revealed a hypertension prevalence of 27.5%, while another study indicated that the control rate was only 16.8% among Chinese adults aged 18 years and older¹.
- The accessibility of antihypertensive drugs is one of the crucial factors associated with hypertension control².
 - To improve medication accessibility, the Chinese government has enhanced coordination in medication utilization across different hospital levels through the national essential medicines system³.

▶ OBJECTIVES

- To evaluate the degree of coordination in the use of hypertension medications across different levels of hospitals in Shanghai.
- To identify deficiencies in coordination, and develop targeted policies.

METHODS AND MATERIALS

Definition of Coordination in Hypertension **Medication Use**

This study primarily focuses on the coordination in the use of hypertension medications with consistent 'Generic Name - Dosage Form -Specification'.

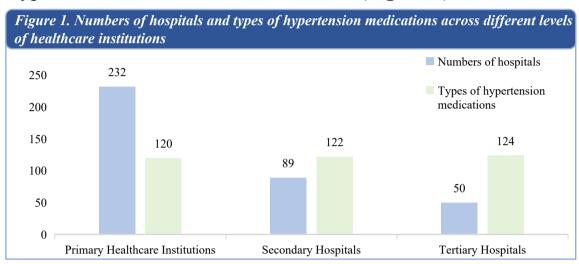
Data Source

All data were sourced from the 2021 Shanghai Medication Utilization Monitoring, covering antihypertensive drugs used in primary healthcare institutions, secondary, and tertiary hospitals.

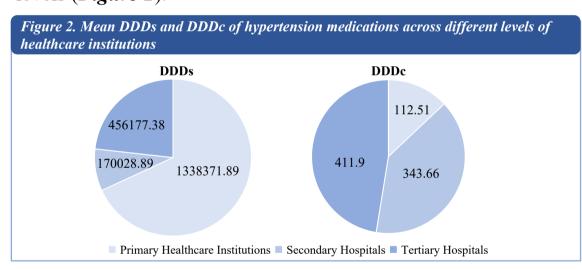
- Key Explanatory Variables
 - **Defined Daily Doses (DDDs)**: A measure of drug usage frequency over a specified period.
 - Daily Dose Consumption (DDDc): An economic indicator for assessing a drug's costeffectiveness and affordability.
- Analysis
 - **Pearson correlation coefficient** was used to assess the degree of coordination in hypertension medication utilization.
 - Coupling coordination analysis was employed to verify the results.

RESULTS

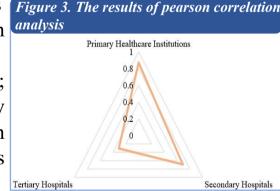
 A total of 371 healthcare institutions and 143 types of hypertension medications were included (*Figure 1*).



There were statistically significant differences in DDDs and DDDc of hypertension medications across different healthcare levels (Figure 2).



The Pearson correlation analysis Figure 3. The results of pearson correlation indicated that the correlation coefficient between primary and secondary levels was 0.87; between primary and tertiary levels was 0.31; and between secondary and tertiary levels was 0.69.



CONCLUSIONS

- There is a relatively high level of coordination in hypertension medications between primary healthcare institutions and secondary hospitals, as well as between secondary and tertiary hospitals in Shanghai.
- Coordination of hypertension medication between primary healthcare institutions and tertiary hospitals is relatively low, highlighting the need for improvement.

REFERENCES

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